

DUBLIN HOSPITALS.

RETURN to an Order of the Honourable The House of Commons,
dated 14 August 1879;—for,

COPY " of REPORT made by the BOARD of SUPERINTENDENCE of DUBLIN HOSPITALS, with MINUTES of EVIDENCE taken before them in the Months of October, November, and December 1878, at STEEVEN'S HOSPITAL, DUBLIN, with reference to Matters arising out of the Verdict returned, and Evidence given before the Coroner's Jury, at the Inquest on the late Constable Anderson, R.I.C., in September 1878, of Neglect on the part of the Hospital Officials."

(Mr. Callan.)

*Ordered, by The House of Commons, to be Printed,
8 March 1880.*

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LETTER from the Secretary to the Board of Superintendence of the Dublin Hospitals to the Under Secretary, Dublin Castle.

Board of Superintendence of
the Dublin Hospitals, 35, Dawson-street,
19 December 1878.

Sir,

IN reference to your letter of the 24th October last, I am directed to transmit the accompanying Report of the Board of Superintendence of the Dublin Hospitals, for the consideration of his Grace the Lord Lieutenant, together with the evidence taken by the shorthand writer on the inquiry.

I have, &c.
(signed) *W. J. Martin*, Secretary.

THOMAS H. BURKE, Esq., Under Secretary,
Dublin Castle.

REPORT of the BOARD of SUPERINTENDENCE of the DUBLIN HOSPITALS to His Grace the DUKE of MARLBOROUGH.

THE Board of Superintendence of the Dublin Hospitals, in pursuance of a letter of the Under Secretary, dated 24th October 1878, held an inquiry into the situation of the patients in Dr. Steeven's Hospital, and the government and management thereof; and they have the honour to submit the following Report for the consideration of his Grace the Lord Lieutenant.

The Board thought it advisable, in order that this inquiry might not assume too wide a character, to confine it chiefly to the subjects mentioned in the letter of Colonel Hillier, dated 24th September 1878, having reference to the treatment of constabulary patients in the hospital.

The inquiry was held on the 12th and 14th November, and notice of holding the inquiry was given to the Governors of the hospital and to Colonel Hillier. Some of the Governors attended the inquiry, and the Commandant, the surgeon, and some members of the constabulary force were also present.

The Board examined on oath all the officials connected with the hospital, who, they thought, could afford any information on the subject of inquiry, or who wished to be examined, and also the officials and members of the constabulary who attended the inquiry.

The Board are happy to be able in the first place to report strongly in favour of the general efficiency of the hospital.

The Governors take active interest in its management, and the medical officers are gentlemen of high eminence in the respective branches of their profession.

No instance of neglect, or of harsh or unkind treatment was alleged by any witness, or shown in evidence. Any laxity of discipline that appeared was entirely in the direction of indulgence to the patients, and from a desire to make their condition as little irksome as possible.

The following witnesses were examined:—

J. Duncan, Esq., Assistant Inspector General of Constabulary; Dr. Le Clerc, Surgeon to the Force; Dr. Grimshaw, Physician to the Hospital; Dr. Johnstone, Resident Surgeon; Mr. McCarthy, Apothecary; Mrs. Evans, Matron; Mrs. Coe, Nurse; and several members of the constabulary force who had been patients under treatment in the hospital.

Taking the case of a constabulary patient from the date of his admission to the hospital till his discharge, we find the patient is sent from the Constabulary Depot in the Phoenix Park, generally between the hours of four and five p.m., in care of an orderly specially selected for this duty. Accompanying the patient is sent a document signed by the surgeon to the constabulary stating the name of the patient, and briefly the nature of his disease. The patient is taken by the orderly to the ward, either medical or surgical, believed by the orderly to be appropriate to his case, and there handed over to the nurse in charge of the ward. The document brought with the patient is left in the letter-box of the apothecary's office, and by him the record it contains is transferred to the registry book. The patient remains in charge of the nurse until the visit of the resident surgeon to the ward, which takes place in the ordinary routine of his duty at about eight o'clock every evening.

If there appears to be anything urgent, or especially requiring attention in the case, the resident surgeon is sent for at once on arrival of the patient.

There are also clinical clerks and pupils constantly in the wards to whom the nurse can apply in the absence of the surgeon. Upon this point, although no case of neglect or want of care was brought under our notice, the Board are of opinion that the patient on arrival in the hospital should be received and examined by some responsible medical officer of the hospital, and the necessary directions then given for his treatment.

In the case of a constabulary patient from a county station, the report of the local medical man as to his disease is sent along with the patient. This appears not to have been the case previously to the inquest on Constable Anderson.

The Board may here observe that they did not particularly enter into the medical treatment of the case of Constable Anderson, for the reason that to do so, would have involved probably a public re-examination upon notice, of the witnesses examined on the inquest, and would have led the Board into discussions not relevant to the present inquiry, but the Board did in the course of their investigation call the especial attention of the witnesses to the treatment received by Constable Anderson while in hospital, and are glad to be able to state that, in their opinion, no just cause of complaint as to want of care or ill-treatment in his case appears to exist. It is right to remark that during almost the entire period of his being a patient in the hospital the matron was absent on leave for vacation, but no neglect of the patient seems to have occurred, a deputy believed to be competent having been appointed by leave of the Board.

Resuming the history of the constabulary patient, at eight o'clock p.m. the resident surgeon visits all the wards and gives directions for the night. The matron also goes round all the wards about the same time. From this time until the morning, eight o'clock in winter and nine o'clock in summer, the patients are left to the care of the night nurses.

The matron in the ordinary routine of her duties does not visit the wards again

again until noon next day. The number of night nurses is four for the entire hospital, three women and one man. There are on an average about 130 patients in the hospital distributed through 14 wards. The night nurses are not attached to any wards in particular, but go round the entire house. If any case requires especial care a special additional nurse is engaged to attend to that patient exclusively.

The medical officers and the matron expressed their approval with the way the night nurses discharge their duties, and no case of neglect has been brought under our notice; but the medical staff of the hospital have had under consideration an improved system of nursing, or rather of apportioning the duties of the nurses, and have submitted to the Governors of the hospital a proposition on the subject for consideration.

It appears from the evidence of Dr. Grimsbaw, contrasted with the evidence of Mrs. Coe, that some uncertainty exists as to the exact number of nurses in attendance in the constabulary wards, thus showing the necessity for a careful revision of this important department.

Pp. 17 and 18; 40 and 41.

All the nurses are under the control of the matron, but a separation of the duties of matron and superintendent of nurses would appear to be very desirable, it being considered scarcely possible for one person to attend to both duties efficiently. The night nurses are quite distinct from the day nurses, and they perform no other duties in the hospital.

The Board asked the medical officers if a system of tell-tale clocks would not be advisable for night, but the replies were against its adoption, as being likely to lead to an apparent visiting of the wards while the patients might really be neglected.

The medical officers stated that the patients would complain in the morning if they had been neglected. During the day time the number of nurses in the hospital is eight. These are allocated to special wards and confine their attention to these wards. There are besides eight ward maids, who assist in the care of the wards.

The wards are all lighted by gas, which is lowered during the night, but not extinguished.

Such is the treatment of the constabulary patient until his convalescence, when he is returned to the dépôt, and there detained by the surgeon till he considers him fit for duty.

With reference to the dietary of the patients the Board find it to be fairly good, but the attention of the Governors might with propriety be directed towards this department. On a comparison of the mode of serving the food in Dr. Steeven's Hospital, a subject of no slight importance to invalids with that adopted in some of the other hospitals in the city of Dublin, which have been visited by the Chairman of this Inquiry and the Secretary of the Board particularly with this object, it will be apparent that a marked improvement might easily be made in this department by the Governors of Dr. Steeven's Hospital.

On the subject of the sale of food to the patients the Board made careful inquiry, and they find that it has existed from a very early period. The matron, who has been seven years in the hospital as matron, states that she found the practice existing on her appointment; that she endeavoured to put a stop to it, as contrary to the rules of the hospital, but, on the memorial of the constabulary patients, she was induced to permit it to be continued. No report was ever made to the governors on the subject, and one of the physicians to the hospital, Dr. Grimsbaw, states that he never heard of the practice until the inquest on Constable Anderson.

It appears strange that a practice so long existing could have continued without the knowledge of the medical officers or Governors. A regular scale of prices was charged—for tea, 1½ d.; bread and butter, 1½ d.; eggs, 1½ d. or 1½ d.; meat and vegetables supplied on days when the hospital dietary did not allow meat, 1 s. This system was stated by Mrs. Coe, nurse in the constabulary wards, to have existed since before her appointment, that is, for 14 years.

No evidence of the sale of spirituous liquor was elicited or admitted by the witnesses, but the Board are by no means certain that it did not take place. However, the Board were assured that since the existence of the practice of selling provisions became public it has been entirely discontinued. It is right to mention that, with the possible exception of spirituous liquor, nothing was supplied by the nurses that could reasonably be thought injurious to the patients, and only to those patients whose diseases did not require any very careful diet. The practice was confined to the constabulary patients, and did not exist in the other wards of the hospital.

The great majority of the constabulary patients are under treatment for trifling ailments, chiefly colds caught in the discharge of their duties.

A constable of constabulary is either fit for duty or unfit, and a trifling cold very properly is considered to unfit him for duty, lest further exposure might render it more serious in character.

The supplying of extra food, therefore, to these patients would not be likely to be of injury in a medical point of view, but at the same time, being a distinct breach of hospital discipline and capable of great abuse, it is a practice most decidedly reprehensible, and the Board trust it has been effectively suppressed.

The Board, as already stated, did not deem it necessary to enter into for the present, any other inquiries as to the general management of the hospital, as to do so would probably have made this inquiry too protracted and indefinite. They will, however, on their official visits to the institution, not lose sight of any subject that may appear to need investigation.

They have the honour to submit with this Report the evidence taken by the shorthand writer for the further information of his Grace.

(Signed on behalf of the Board)

F. W. Brady,
Chairman.

19 December 1878.

STEEVEN'S HOSPITAL INQUIRY.

FIRST DAY, Tuesday, 12th November 1878.

Sir Francis M. Brady, D.L., Ignatius J. Kennedy, Samuel Boyd, Alderman McDermott, Sir James W. Mackay, D.L., and Dr. Colles, assembled in the Board Room of Steeven's Hospital on Tuesday, 12th November 1878, for the purpose of holding an inquiry into the Management of the Hospital. Dr. Martin, Secretary to the Board of Superintendence, was also present. The following Governors of Steeven's Hospital attended: George Woods Maunsell, D.L., Dr. Burke, Robert Maunders, Robert Warren, Dr. Colles, and Lord Talbot de Malahide.

Sir Francis Brady (Chairman) said it might be convenient to Mr. Maunsell that he should state, for the information of the Board of the Hospital, what was the exact inquiry they were asked to hold, and he could not do so better than by reading the letter of Mr. Burke, Under Secretary. (The letter of Mr. Burke, dated 24th October 1878, was then read.) The most expeditious and best manner of holding the inquiry, the scope of which was pointed out in the letter, would be to examine the different officers of the hospital under whose care the constabulary patients pass when they are sent here for treatment.

Dr. RICHARD JOHNSTONE, sworn; and Examined by the Chairman.

1. WHAT position do you hold in Steeven's Hospital?—Resident Surgeon.

2. With reference to the constabulary patients, will you tell the Board how they are received into the hospital?—They generally come in in the afternoon, unless a very urgent case, and then it is sent down whatever time it may occur. Sometimes they come in late at night; very late at night.

3. Who brings them; are they generally brought by a special sergeant or officer from the depot?—I could not exactly say; I think that is the way.

4. Who receives them when they are brought here?—They are generally sent on to the wards, and I see them on my night round.

5. Into whose care are they given by the constabulary officer who brings them here?—They are brought up to whatever ward they are to go to, and he leaves them there.

6. Who receives them in that ward?—The nurses.

7. How does the constabulary officer know what ward to take them to?—Well, if it is a surgical case it is sent to the surgical side, and if it is a medical case it is taken to the medical side.

8. But the nurse receives them?—There is a docket comes down addressed to the apothecary, with the man's name, and I think his age is to it. I have nothing to do with these dockets; and then the nurses make out full particulars for the apothecary out of the admission book; the man's name, age, religion, and of course the depot, as one always puts down the depot; they come from the depot to us.

9. Is it the apothecary who first sees the case?—No, the apothecary first makes out the docket.

10. Then the nurse sees the man first?—No, as a medical man, I am the first to receive him.

11. Then nothing is done with the patient until you see him?—That is generally so, but if

a person is very bad I am sent for at once, and if not I see them at the most in two hours afterwards.

12. Alderman McDermott.] That is if the case comes in at night?—Yes; they don't generally come in here until the afternoon.

13. Do you get from the constabulary the statement stated on the certificate?—I don't know what is stated on the blue document, because it is addressed to the apothecary and not to me. Since the inquiry Dr. Le Clerc has always sent me a copy of the report of the doctor in the country that shows what he is suffering from.

14. You receive that before his admission?—At the time of his admission.

15. And it is from that you judge of the seriousness of the case?—No, that only states what the man has been sent up from his country for.

16. You mentioned that if it was a serious case you would see him sooner than your usual round?—Oh, yes; if it is a serious case the nurse comes round and says, "There is a man ill in such-and-such a ward, and I would like you to go round and see him."

17. Mr. Boyd.] Is this the male or female nurse you speak of?—There is a male on the surgical side and a female on the medical side.

18. Sir James Mackay.] I take it you live in the hospital?—Yes.

19. And you are here at night?—Night and day.

20. Chairman.] Have you any time fixed for seeing the patients?—Yes, sir.

21. What time is that?—At eight o'clock at night. There is a bell rings, and when that bell has done ringing that is my night round.

22. And is that the time when in the ordinary course you see the constabulary patients for the first time?—Yes, unless they are something very bad, and then I see them at once.

23. At that hour they are all supposed to be in

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in bed, or at least supposed to have retired for the night!—Yes.

24. No matter what their malady?—Yes, sir, eight o'clock in the winter and nine o'clock in the summer.

25. Is this the form sent in (*form produced*) ; "Royal Irish Constabulary Depot, Phoenix Park, admit as patients the undersigned." Then the numbers and names are given, and it is signed by Dr. Le Clerc. "Remarks:" is this particular case all the patients seem to be suffering from catarrh. Is that form shown to you?—No, sir; I don't see that form at all.

26. Do you receive your information first from the nurse?—I always know what beds are full, and what are vacant, and I always know what fresh cases are come in, and I always say to the nurse going into the ward, "How many fresh cases to-night?"

27. Well, as you have brought us to the night, what arrangements are there for inspecting the patients during the night. One of the complaints we have to investigate is, that all the lights are put out, and that the patients are left unattended?—The lights are never put out; they are lowered, but never put out.

28. What kind of light is it?—Gas.

29. In all the wards?—Yes, sir; it is never put out.

30. Does that apply to all the wards or only to the constabulary wards?—All the wards in the house.

31. Then with reference to the statement that the patients are left during the night without any attendance, how is that?—That is not correct.

32. Tell us what attendance is supplied to patients during the night?—There are four night nurses going round the house from top to bottom; and if there is any serious case, there is always an extra nurse told off. The ordinary cases from the constabulary are mostly men suffering from slight cold, and they don't require extra nurses. Occasionally we have a bad case of pneumonia or typhoid, but that does not interfere with the usual round the whole night through.

33. Point your evidence to all the patients in the hospital, and then tell us whether there is anything exceptional in regard to the constabulary patients. Does what you state about four nurses apply to all the patients?—Yes, except the fever wards.

34. You say there are four night nurses?—Yes.

35. Are they women?—Three women and one man.

36. How many wards have they to attend to?—The entire house.

37. How many wards?—Fourteen wards, but some of these are not running.

38. That is there are no patients in them?—Yes, sir.

39. Mr. Boyd.] They are completely empty?—Yes, sir.

40. Chairman.] How many patients are there altogether?—The diet roll would tell that better than I could; I could not tell exactly.

41. Of course it varies?—Yes, I should say we have an average of 120, taking the whole year round; it may not be so much.

Dr. Martin.] The average for the year ending in March, that is for the preceding year, was 140.

Witness.] In winter time we are very full, and in summer time too, but what emptied us was, that at the beginning of the year we had an outbreak of small-pox, and we had to empty some of the wards to get rid of it.

42. Do you consider four nurses sufficient for the number of patients generally here?—Yes, for the ordinary run of patients, I do.

43. What is the duty of these nurses specially?—To go round each ward. They rotate from one ward to another. It is an interminable screw; they cross each other, but never meet.

44. Have they any particular hours during the night?—No, sir; they are supposed to be always on the *qui vive*.

45. Do some of the nurses remain in some of the wards specially, or do they all go round all the wards?—Round all the wards.

46. Mr. Boyd.] Is there any lady superintendent over these nurses?—No, sir. There is a matron who has control of the nurses, but there is not what is called a lady superintendent.

47. Chairman.] Is there any person to see whether the nurses do their duty in visiting the patients during the night or not?—Mrs. Evans has charge of the nurses altogether.

48. Who is she?—She is the matron.

49. But at night, I suppose, she is not present? She goes her night rounds the same as I do.

50. That is at eight o'clock?—Yes, sir, and she gives her orders to the nurses.

51. But after eight o'clock she does not oversee them?—I could not answer for that because I don't know.

52. At what hour does the night end?—At 8 o'clock in the morning.

53. Are the night nurses then relieved?—Yes, sir.

54. Are they on duty during the day at all?—No.

55. They are separate from the day nurses?—Yes, sir, they have nothing whatever to do with the day nursing; they commence at 8 o'clock at night, and go off at 8 o'clock in the morning.

56. And do the same nurses discharge that duty every day in the week?—Yes, night after night, but not day after day.

57. It is not that they are relieved for two or three days and then go on again?—No, exactly the same duty as day nurses, except that they have 12 hours at night instead of day.

58. Is that the usual custom in hospitals?—Yes, sir, it is the custom in the General Hospital, Nottingham, at the hospital in Wolverhampton, West Bromwich, and elsewhere.

59. Do you think can people, without injury to themselves and neglect of their duty, turn night into day in that manner?—They seem to thrive on it, and I never heard them complain.

60. Have you heard any complaint apart from what we have read to you as to the non-attendance of the nurses throughout the night?—No, sir, I have never had any report made to me about non-attendance during the night.

61. By a patient?—No, sir.

62. Have you, of your own knowledge, known that they attended to the patients when required?—I have, for I have been in the ward at all hours at night and morning.

63. Sir James Mackay.] What is the latest hour in constabulary

a constabulary patient would be admitted?—Any hour. One man came down here spitting blood the other night between half-past 10 and 11 o'clock, and he was admitted.

64. In case of your being absent from illness, or otherwise, who takes your place?—I have always to get permission of the Board and to appoint a deputy, and it is with their sanction that deputy acts.

65. Alderman *McDermott*.] Temporarily?—Yes, sir.

66. *Chairman*.] Do you consider that the number of nurses, three women and one man, is sufficient for the patients in the hospital?—Yes, sir, for the ordinary run of patients. Understand distinctly that when we have a bad case we have an extra nurse, who doesn't leave the case at all during the night, the entire night, and the other nurses go into the ward also.

67. Have you any recollection as to the particular case of Anderson, and the attendance he received at night?—Well, I could not say what attendance he received at night more than the ordinary nursing.

68. Did he require any special nursing?—None that I ever saw.

69. It was mentioned in the evidence to which we have been referred by his Grace the Lord Lieutenant, that he was allowed to be on the floor instead of in his bed?—Well, I think, if the evidence of the sub-inspector was carefully looked into and the letters which were objected, you will find he states he saw that man lying on the floor the very day the man wrote himself, "Thank God I have had an fit up to the present;" and it was on the Saturday following he had his first fit, and was on the floor afterwards, but not on the bare floor at any time. There was a mattress under him.

70. When he was on the floor with the mattress under him, was that in the proper treatment of the disease, or otherwise?—He rolled out of his bed, and it was as a safeguard the mattress was placed there. The man used to slide deliberately out of bed himself, and it was to prevent him hurting himself.

71. *Chairman*.] Before asking Dr. Johnstone any question as to the food, is there any question you wish to ask him, gentlemen, as to the nursing?—

72. Mr. *Royd*.] There appears to be no superior person over these nurses to see whether they do their duty at night?—There is the matron.

73. Used she ever be there at night to see whether there was anything required?—I could not answer that. She will be able to answer that herself. I know myself, I can tell you, I am up at nearly all hours of the night. I am never certain what hour I may be up at. I generally take a look round the place to see what is going on.

74. Sir *James Macleay*.] On the occasions you go round at night have you found the matron present at the same time?—Is it the eight o'clock round you mean?

75. No, at night, when called up by a special duty?—No, sir, for I have no special hour for going round.

76. Would you not expect, if the necessity existed for your going round the ward at night when called up, that the matron would be there also to see whether the nurses carried out your directions?—No, sir; I will tell you the reason

why: I am called up to an accident, and when I am, I generally look round to see what the night nurses are doing. I don't mean to convey that I get up specially to look round the wards at one or two o'clock in the morning.

77. But if you were sent for at night to look after an urgent case, would you not expect the matron to be there also to see that the nurses were discharging their duty?—No, sir, that doesn't occur; that is a medical thing when you are called to an urgent case like that, and you would not go call the matron out of bed. You would leave your instructions with the nurse.

78. Can you always rely on these instructions given by you being carried out without the supervision of the matron?—I have never known it fail yet, sir.

79. *Chairman*.] I observe, Dr. Johnstone, that, in the bye-laws, No. 4, it is the duty of the matron twice each day to visit the wards and the nurses' rooms, but I don't observe any direction as to her visiting them at night?—Twice each day means in the morning after she has done her store and her round at night as well.

80. Probably she accompanies you when she goes round on her night round?—No, sir; we knock across each other occasionally, but we don't go round the same way. It would not be very pleasant for her, especially as you have constitutional cases, and you have to strip them occasionally. It would not be very pleasant for a lady.

81. Alderman *McDermott*.] What is the latest round of the matron?—Between eight and half-past eight o'clock.

82. Then she is done for the night with regard to that duty?—Yes, sir; but I need not tell you, she might be out later round the wards than that.

83. *Chairman*.] I observe one of the duties of the surgeon, which I presume means you, is the duty, in conjunction with the physician, to observe whether the nurses are sober, orderly, and attentive to the patients, and to report any observation he might think necessary in a book. Have you had any occasion to make any complaint of the manner of nursing?—I never had any occasion to make any complaint, except as to one nurse immediately after I was appointed, and that was for drunkenness, and she was immediately dismissed.

84. Dr. *Burke* (Registrar General).] Do you think there is proper supervision over the nurses? It might be a great deal better.

85. Don't you think it would be desirable to have an educated person, conversant with disease, as superintendent of the nurses?—Yes.

86. Because of the multifarious duties the matron has to perform of looking after the stores, which includes mattresses, sheeting, blankets, and everything of that kind, as well as food?—Yes.

87. Do you think it competent for any one person to look after the nurses as well as the stores?—No, sir, I think the duties ought to be separated. I think the person who is to have charge of the nurses should be like the person in English hospitals. Generally, a person who commences as probationer, who goes on to be junior assistant, and then to be senior assistant, and then moves from a little hospital to a larger one; they are fully conversant with all the duties of nursing, and they are generally the best people to look after nurses, for they draw them

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them up, and they don't mind it. It would take a person all their time to look after the nurses.

88. I merely want to know whether at the present time there is proper supervision, and whether it would not be desirable to have an educated person to look after the nurses and be responsible for their conduct?—I do.

89. *Mr. Boyd.* I suppose the matron is responsible at present?—Yes, sir.

90. *Chairman.* As to the number of patients; Mr. Mansell has extracted from the minutes the average number of patients, 153, with 1 over; that is, taking the year from January to October. Passing over that question of the attendance of the nurses, I wish to inquire into the allegation of the sale of food by nurses to the patients. Can you tell the Board anything you know on that subject?—Well, I have had my own ideas that food was sold, but I never could get any proof of it.

91. How long have you had that idea?—I have had it for some time; but you never could get any proof of it, for the men would never tell you. The patients would never tell you.

92. Suspecting it, have you ever thought it necessary to make any inquiry until quite recently?—Oh, yes, I often saw them at things they were not ordered.

93. What did you do?—I did nothing; the things were the men's property, and I could not take them away.

94. They were in the possession of the patients. Did you ask no questions?—They said it was friends brought it in; that was their explanation, and it was very hard to get any explanation at all about it for the men are very reticent.

95. Have you had reason to believe that food was sold to the other patients beside the convalescent?—No, sir, I never could detect it in any way.

96. You believe the sale was confined to the convalescent patients?—I think so.

97. For how long have you had occasion to suspect it?—From shortly after I came in.

98. Then one would infer that you found it an existing practice?—Yes, sir.

99. Was it ever brought under the notice of the Board?—That I can't say.

100. By you?—No, sir, not by me; there is no use bringing it before the Board unless you can get proof of the statement you make, and I never could get actual proof.

101. Are the patients allowed to receive from their friends food not ordered by you?—I don't stop anything coming in except alcohol, and when I say alcohol, I mean drink in any shape, but very often we have had it smuggled in. It was about a month ago, on a Sunday night, there was one of Guinness's men in a ward here, and there was a jug brought to the gate, and he said it was tea, and that he should get it. The gate-man was bringing it up, and the matron said, "What have you there, Clancy?" and he said it was tea for one of the men; and she said, "Let me see it," and she opened it, and found it was a quart of porter.

102. *Dr. Burke.* Has the gatekeeper no power to search?—He can search baskets, but not the person.

103. *Alberrnan McDermott.* Is there a rule ordering nothing to be brought in?—Yes, sir, but this was brought in as tea.

104. But there is an order against food of any kind being brought in?—Well, we don't stop them with any food except drink.

105. *Sir James Mackay.* Could this drink be given to the patients without the consent of the nurses in attendance?—Well, sir, in a ward of 30 beds it would be very easy to smuggle drink.

106. *Chairman.* The 7th bye-law is this: "That the regular dietary of the hospital be adhered to, and that no patient or friend of the patient shall carry in or send out for any kind of provisions or liquors. Nor shall the patients exchange their diets with each other, except with the express permission of the medical officer." That rule is quite prohibitory on you?—They may bring in eggs or butter, or things like that, but no drink.

107. But the bye-law says no friend of the patient shall carry in any kind of provisions?—Yes, but I think they do in every kind of hospital; they bring them oranges, and every manner of things.

108. But when you see this kind of forbidden food with the patients, do you allow them to consume it?—They take precious good care I don't see much of it; they hide it. It is just the same way as prohibiting them smoking. We constantly catch them, and we put them out. They put the lighted pipe into the bed.

109. It was deposited by a nurse here, I think. Coo was his name, that he had a regular scale of prices of food for the patients; three-halfpence for a cup of tea, and so on?—I know the scale of charges you allude to, as stated at the inquiry; I never heard of it before, and the Governors, I'm sure, never heard of it either. He stated that the Governors gave him full permission. There are some of the Governors here, and they can tell you they never gave him permission.

110. Is he still in the employment of the hospital as nurse?—No, sir, not as nurse; he is shifted down as engineer.

111. He is no longer able to sell provisions to the patients?—I could not say that; his wife is still in the hospital, and he lives at the top of the house. He is minding the boiler.

112. Is his wife one of the nurses?—Yes, sir.

113. Have you any reason to believe that food is still sold to the patients; Mrs. Coo is in the police ward?—She nurses Nos. 10, 12, and 13; I think she nurses this side of the house.

114. *Alberrnan McDermott.* There was no charge made with her?—No, sir.

115. *Chairman.* Have you any reason to believe that the sale of food still goes on?—They got a great fright; if it is done, it is done more in an underhand way than before. They have got too great a fright to do it as openly as before.

116. *Dr. Burke.* You can't say whether they sell or not?—No, sir, I could not say.

117. *Mr. Mansell.* Have you ever seen any traces of it since?—No, sir, I have not.

118. Or received any information of it?—No, sir, I got no information about it.

119. *Chairman.* Have you any reason to believe that the food so sold was injurious to the patients; I mean unsuitable for the case?—Most of the men were strong, healthy men, who had not a great deal wrong with them; a great many of them had slight ailments.

120. Then I infer you would not believe it would be injurious?—No, sir, I could not call to mind any case in which it was injurious.

121. And from your evidence we may take it that the 7th bye-law is most decidedly violated?—Well, as regards carrying in provisions, it con-

states,

date, perhaps, in carrying them in some butter, which is not on our scale, or a few eggs or a roll, or something like that, but it never exceeds that; there is nothing in the way of meat. Then they can only bring them on visiting days.

122. Then as to liquor?—We always stop that unless it is on the person of the visitor, and we give it back to them on going out of the hospital.

123. Have you any reason to believe that the sale of food extends to liquor?—I have reason to believe it did at one time.

124. When was that?—Before I came here.

125. How long have you been here?—Since October twelvemonth.

126. That is last month 12 months?—Yes, sir.

127. Has the sale of liquor by nurse to the constabulary patients ceased?—Well, I don't know, sir. I never saw it sold, but I saw a

great deal of it coming in and going to the top of the house. I don't know what became of it.

128. That is where the constabulary ward is?—Yes, sir.

129. Have you noticed that the patients in that ward have had liquor, whenever they got it?—I have never seen them the worse of liquor.

130. It is a very difficult thing to see a substantial the worse of liquor. They stand a good deal of it. Have you ever seen them that they evidently have been taking liquor when in the hospital?—Well, I could not say that, for I have never seen them the worse of liquor.

131. Well, the better of it, perhaps?—No; they would be the worse of it, but I mean the commonly accepted term of it. I never saw them screwed.

Mrs. EVANS, sworn; and Examined by the Chairman.

132. I BELIEVE you are Matron of the institution?—Yes, sir.

133. The nurses are under your control?—Yes.

134. How many nurses are there altogether?—Eight nurses, I think.

135. Men or women?—There are two men. I think there are eight nurses, if the assistant nurses are counted as nurses.

136. There are two men and six women nurses?—Yes.

137. How are these nurses divided as to attendance on the patients by day and night?—These eight nurses are day nurses. In addition, there are four night nurses.

138. That is 12 altogether?—Yes, that is 12 altogether. I did not take the others into consideration.

139. Are the night nurses men or women?—One man and three women.

140. They are exclusively for nursing during the night?—Exclusively during the night.

141. Now, when do they come on duty at night?—At nine o'clock, and until seven in the morning.

142. Do you see them when they come on duty?—Oh, certainly, every night.

143. Do you give them directions?—I give them directions as to each patient.

144. As to each patient?—Yes, as to each particular case, and as to each ward.

145. And are the nurses confined to any particular ward, or do they go through all the wards?—The male nurse goes through all the male wards, and one female nurse is exclusively a fever nurse, and she remains exclusively there, and one takes the medical side, and the other the surgical side of the house.

146. What are their duties during the night?—To attend to the patients, to give them drinks, and any medicine that is required at any particular hour.

147. Are there any written directions to follow?—Not with the night nurses.

148. Is there not a direction at the bed of each patient as to what they are to get?—Oh, yes; but the night nurses, except giving drinks, have nothing to do with the food. They give medicine.

149. Is there any supervision of the night

nurses at night?—None after nine o'clock, so far as I am concerned.

150. Then whether they attend properly or not is trusted to themselves?—And to the patients. I have invariably asked the patients whether they are properly attended to.

151. Have you ever had complaints?—Never once.

152. When are the lights put out?—Not put out at all until six in the summer.

153. They are lowered?—Yes; about 10 o'clock, I should say.

154. Do you go round after the night nurses have gone on duty?—No, I go round before the night nurses come, and I see the directions to give them. I take a note of all the cases that require special attendance, and I tell them.

155. How do you yourself receive notice of the cases requiring special attendance?—I don't receive any notice generally, but the day nurses come to me and tell me of the cases. Sometimes a special nurse is ordered by one of the surgeons.

156. At what o'clock in the evening do you say you last go through the wards?—Generally between eight and nine o'clock, and sometimes between 9 and 10 o'clock, according to circumstances.

157. When do you visit the wards in the morning?—Any hour between 12 and 4.

158. You don't go through the wards until after 12 o'clock?—No, I am engaged in giving out the nurses food.

159. Then there is no supervision from nine o'clock at night until after 12 o'clock next day?—Unless the supervision of the resident surgeon. He goes round at nine o'clock in the morning, I think.

160. How often do you visit the wards?—Twice. Once in the day time, and once in the evening. Sometimes oftener, but as a rule, twice in the 24 hours.

161. It is given in evidence and admitted that food not ordered by the doctors has been sold to the patients. Tell the board anything you know about that?—I know that so far as when I came here it was an old established rule.

162. What was?—That policemen, I don't know about others, could procure additional food, such as an egg or a cup of tea.

163. By paying for it?—Yes.

164. How

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164. How long have you been here?—Seven years.

165. And it was an old rule before you came?—Yes, and I tried to stop it when I came.

166. How did you try to stop it?—I told the nurses I did not wish them to do it, and then the constables in 11 and 14 petitioned me to be allowed to get little luxuries, and they made it a particular request that what was always allowed should still be allowed.

167. What did you say?—I said I saw no harm in it if they were willing to get it themselves. They assured me it had always been the custom.

168. This was with reference to food sold to them by the nurses?—The constabulary wards alone. There was no permission given in any of the other wards. It was the patients themselves petitioned about it.

169. And that continued?—Yes, that continued.

170. Does it continue now?—Not so far as I know from the nurses; they don't keep a single article of food, not even bread.

171. You are able yourself to say that?—Not from the nurses; certainly not.

172. But considering that you don't see the nurses from nine o'clock in the evening until after 12 o'clock next day, how can you tell?—Of course it may occur during the night, but I am constantly in the ward; three times a day; I am there at dinner time, and in some one of the wards from one to three o'clock.

173. Don't you think the nurses could continue to sell food just as before, and you know nothing at all about it?—I don't think they could; I am quite sure the nurses do not.

174. Aren't the patients just as willing to buy it as they used to be?—Well, I suppose they are; I don't know about that.

175. What reason have you for saying the nurses do not?—I believe their word, and I have not seen the slightest sign of it.

176. Would your not seeing the slightest signs of it be accounted for by the patients, and the nurses keeping it more secret?—No, I don't think it possible it could be given without my knowledge.

177. Considering that you don't see the patients or nurses from nine o'clock at night until 12 next day, how can you say it could not be done without your knowledge?—I know that extra food is brought into the constabulary ward at the present time.

178. It is?—Yes, my attention was called to it the other day, but it is not by our people, it is from the depot.

179. But confining it to the nurses, have you any reason for saying that the old practice has ceased, because the temptation exists just as before, and you don't see the patients or nurses except seldom?—It is my firm conviction that the two day nurses do not sell food.

180. What are their names?—Byrne is the name of the male nurse, and Mrs. Coo is the female nurse.

181. Mrs. Coo is the wife of the male nurse who admitted the sale of prices he had?—Yes, but I do not know anything at all about that; they just had the old custom continued to them of getting a cup of tea or an egg, but drink was strongly prohibited.

182. And although it was strongly prohibited

do you know whether they got it or not?—Not certainly from the two nurses.

183. The 7th bye-law is very prohibitory; is that rule kept?—Oh, no; that is evaded very often; it is impossible to prevent it, in fact.

184. Why is it impossible to prevent it. Are not the nurses always in the hospital when the friends of the patients go to see them?—Yes, always in the ward.

185. Well, and if the nurses were attentive, could they not prevent the patients getting anything?—I don't know; perhaps Dr. Johnstone could say. (Dr. Johnstone.) If you were here on the visiting day, you would find it almost impossible that the nurse could stop them. There are sometimes 12 or 13 people seeing one patient on the same day. Why it is like a fair here on the visiting day. In Belfast the number of visitors is cut down, but here the ward is just like a fair.

186. *Chairman.* What is your opinion as to the admission of friends to see patients?—It is too lax; they have too much liberty.

187. Is there no rule or limit?—No, sir, I believe there is no rule or limit.

188. Is there any special visiting day?—Sundays and Fridays, from one to two o'clock; and it would be worth the while of any member of the Hospital Board to come here on Sunday, and see what kind of bear garden this is.

189. *Dr. Barker.* Have you no control over such a crowd of people; you say the hospital is a bear garden?—Yes, but I can't put them out.

190. Are you not armed with authority?—Yes, but they say they are coming in to see their friends, and they won't go out. Mr. Colles saw it himself one day.

191. *Sir James Mackay.* Then I suppose they can only get food or drink on visiting days?—That is the only day their friends come near them, unless they have got a special pass.

192. *Mr. Mansell.* I attend pretty regularly, and I think I never heard that complaint of the excessive number of visitors?—It may not have been mentioned, but Mr. Colles saw it one day. It is chiefly on Sunday.

193. *Dr. Barker.* If you find a great shaze existing, what course should you pursue?—I should report.

194. Exactly; but you have not reported?—No, sir, because it has always existed since I saw the place.

195. Then the greater credit would be due to you for stopping it?—Mrs. Evans will tell you the same thing. If you order them out of the ward they will not go; they say, it is visiting day, and I will not go out.

196. *Chairman.* When a stranger presents himself at the gate of the hospital, what is the practice. Does he say, I want to see any particular person?—He just walks in.

197. He is not obliged to name the person he wishes to see?—I don't believe he does.

198. Does this apply to all the patients, or only to the constabulary?—The constabulary have not so many visitors as civilians.

199. And I suppose the constabulary coming from remote parts of the country might account for that?—I don't know about that.

200. *Mr. Boyd.* Is that the case with the fever wards?—No, sir, not to the same extent.

201. They are not allowed there?—No, sir, not when there is anything bad.

202. *Chairman.* How do you prevent them going

going into the fever ward?—It is detached from the house altogether.

208. Is there a special gatekeeper?—No, sir, the nurse doesn't let them in.

209. Of course it would be quite possible to limit the number of visitors to the other patients of the hospital as well?—It would, if there was any law.

210. That is under the control, I presume, of the Board of Governors?—There has always been any number let in.

211. Mr. Boyd.] Is there any prohibition of visitors visiting the small pre-ward?—Yes, sir.

212. You don't allow them to come in?—No, sir.

213. Sir James Mackay.] What is the limit of time allowed for each visitor?—An hour, from one to two o'clock.

214. Mr. Boyd.] Is there any rule to prevent visitors going into the small-pre ward?—They don't want to go. There is a placard up telling them it is a fever ward, and they don't want to go there.

215. There is no rule of the hospital to prevent them?—There is, sir; there is a printed notice. They don't want to go next or near the place, as a rule.

Chairman.] The only rule I can find is that the gate-keeper shall not admit pedlars, hawkers, and people of that sort.

Mr. Mansell.] I think considerable latitude is allowed in all hospitals in Dublin in allowing patients' friends to visit them, but I never heard it had grown into such an abuse as has been described here.

Mrs. EVANS, further Examined by the Chairman.

222. Are there any persons employed except the nurses?—There are ward-maids, and they are assistant nurses as well.

223. What are their duties?—They attend and hand them about their food.

224. How many of them are there?—I could not tell at the moment.

Mr. Mansell.] I have here a list of the ward-maids. There are seven of them.

Mrs. Evans.] There are eight ward-maids.

225. Mr. Mansell.] Perhaps you count the board-room assistant?—No, sir, the number may be less in summer when half the house was shut. We have nine ward-maids counting the fever and all.

226. Chairman.] What are the duties of the ward-maids?—They wash the wards and the utensils, and give attendance on the patients.

227. They have nothing to do with the supplying of food?—The nurse gets the food, and then it is handed about by them.

228. Are the ward maids in attendance at night with the nurses?—No, they are not.

229. Can the ward-maids supply food to the patients as well as the nurses; food not allowed by the medical officers?—Not without the nurse's knowledge, certainly, and I don't think they have done so.

230. You never heard of them selling it?—No, sir.

231. Do you think the number of nurses is

Dr. Johnston.] Well, on Sundays you have no idea of what the place is; Mr. Colles had no idea himself until he saw it.

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216. Mr. Mansell.] Mrs. Evans, do you remember the case of two nurses, Mrs. White and her daughter, who were dismissed about four years ago for selling milk?—(Mrs. Evans.) Yes, for watering the patients' milk and selling it back to them.

217. Then it was a case of selling adulterated milk?—Yes, the patients complained to me one day of the milk being highly watered. It was in No. 11, the constabulary ward, and the milk was certainly half water.

218. That was the milk of the institution?—Yes.

219. Mr. Mansell.] The charge was that they had sold milk to them?—They had no way of getting milk. It was only their own milk they watered.

Mr. Mansell.] "The report made against Mrs. White and daughter, was that they had sold milk. The committee decided the charge had been proved and that both servants be dismissed." Do you recollect that?—Yes, they were dismissed.

220. Chairman.] I think I may take it, Dr. Johnston, that you both recommend some restriction on the number of visitors?—(Dr. Johnston.) Yes, I think there are too many come in.

221. And you attribute the opportunity of their getting food to the impossibility of their being dismissed?—It is impossible for one nurse, or so, to prevent them.

sufficient for the number of patients?—Yes, from 130 to 140.

Mr. Mansell.] The average has been 133 during the year.

232. Chairman.] Do you think four nurses at night and six in the day are a sufficient number for the number of patients?—Generally speaking, I think it is quite sufficient.

233. I observe that the second rule or bye-law as to the nurses and servants is, that no nurse or other servant shall be permitted to take money or other gratuity from patients or their friends on pain of instant dismissal?—That rule was obliterated of late years. The resident surgeon six years ago got it struck out of the rules; he said it was useless, and could not be looked after.

234. Then it is not a rule now?—No, sir.

235. Mr. Mansell.] Do you mean there was a reprint of the rules, omitting that?—Omitting that.

236. Sir James Mackay.] As a matter of fact, have they permission to take gratuities from the patients?—Except that the resident surgeon got the rule struck off, of course they would take it if they got it. To give an instance of the kindly feeling of the patients towards their nurses, I know two cases where the patients left small sums of money to the nurses, to show their gratitude to the nurses.

237. Chairman.] Can you tell me, when a constabulary patient is first brought into hospital, what is the practice as to who sees him, and where

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where he goes to?—They come in about four o'clock in the afternoon, and they are taken straight up to the ward.

238. Who takes them?—The policeman who brings them.

239. They come with a constable?—Yes, and he brings them direct up to the ward.

240. Who is the first person who sees the constabulary patient after he comes in?—The nurse.

241. The nurse in the ward?—Yes.

242. Does he bring any written document to let you know anything about him?—Yes, I believe so, but that does not come under my observation.

243. My reason for asking you is this: you have supervision of all the nurses, and, therefore, the nurses act under your directions. This is the form, for example (*form produced*); have you seen anything like this?—No, I never saw one before. I have nothing to do with the receiving of patients.

244. Then the constable who brings them from the constabulary depot brings them to the ward and hands them over to the nurse?—So far as I know that is the case.

245. And what does the nurse do?—They are placed in the ward then, and seen by the resident surgeon in the evening, unless the case is special, and then he is called upon at once. So far as I have heard, that is the rule.

246. Is there no entry made in any book as to the time the patient comes?—I couldn't say; that does not come under my observation.

247. It seems to be not clear what course is adopted when the constabulary cases come from the depot first; can you tell us Mr. McVittie?—

Mr. McVittie (Registrar).] Mr. Johnstone is the person who always receives them, I think.

Chairman.] No, he only receives them at night.

Mr. McVittie.] Perhaps the apothecary can tell.

Dr. Johnstone.] The medical cases are sent to the medical side, and the surgical cases to the surgical side.

Chairman.] But the constable doesn't know what are medical cases.

Dr. Johnstone.] Anybody can tell you that the man is suffering from a cold, or anything of that sort.

248. Chairman.] Then the nurse, Mrs. Cox, for example, would be the first person to see him when he comes to the hospital first?—(Mr. McVittie.) There is an orderly comes with him.

249. Chairman.] And does the orderly get a receipt for him, or anything of that kind?—(Mr. McVittie.) Oh no, there is an entry afterwards made in a book from this docket.

Mrs. Evans.] There is a form which each nurse has to fill up with the name of the patient, the religion, and the nature of the disease, and that is sent down to the apothecary.

250. Chairman.] And the patient waits until Dr. Johnstone sees him at eight o'clock in the evening?—Except in a special case.

251. Alderman M'Dermott.] Who is the judge of the special case?—(Dr. Johnstone.) The nurse who has had any experience at all will

always know. If a man himself expresses any desire to be seen, the nurse always conveys that wish.

252. Mr. Boyd.] If a man comes in at 12 o'clock in the day, does he get no food until after nine o'clock at night?—(Mrs. Evans.) Oh, yes, up to one o'clock.

253. Mr. Boyd.] But if he comes in after one o'clock does he get no food until nine?—Yes, at five o'clock he gets his tea, and if he comes in after hours he always gets food.

254. Chairman.] What is the time of the other medical attendants to visit the wards?—(Dr. Johnstone.) Nine o'clock in the morning.

255. Chairman.] Who visits them then?—On Mondays Dr. Grimshaw, on Tuesdays Mr. McDonnell, on Wednesdays Mr. Hamilton. I am speaking now of the official visits, as regards clinical instruction. These are the special days for teaching.

256. Chairman.] But with a view to curing the patients?—(Dr. Johnstone.) Oh, every day, sir.

257. Mr. Boyd.] There is only one clinical teacher every day?—(Dr. Johnstone.) No, sir. Dr. Grimshaw takes a class round on Monday. That has nothing to do with Mr. Hamilton's class.

258. Mr. Boyd.] It is not as to teaching we want to know. Who looks after the patients?—(Dr. Johnstone.) Two physicians, three surgeons.

259. Mr. Boyd.] Do two gentlemen go round the whole?—No, sir, the medical man takes the medical side, and the surgical man the surgical side, and have so many beds allotted to them.

260. Chairman.] With reference to the constabulary patients, does Dr. Le Clerc come to see them?—(Mrs. Evans.) He does.

261. Chairman.] How often, Mrs. Evans?—(Mrs. Evans.) I could not say how often. He very often comes, and I don't know of it at all.

Dr. Barker.] Dr. Le Clerc is here, and can be asked himself as to that.

262. Chairman.] Is there any fixed time for his coming?—(Mrs. Evans.) Not so far as I know.

263. Chairman.] Does he go round the ward?—I often heard of his being here.

Chairman.] Of course he is not responsible?—(Mrs. Evans.) No, sir, and I don't look after things like that, for they don't concern me.

264. Chairman.] Is there any rule as to his coming?—(Mrs. Evans.) He comes frequently.

265. Chairman.] He doesn't come regularly as one of the doctors to look after the patients as constabulary patients?—(Mrs. Evans.) No, sir, not as patients. He comes to inspect, but not to treat them.

266. Mr. Maxwell.] Mrs. Evans, there is a report at this moment under the consideration of the governors, with regard to improving the arrangements for nursing in the future. One of the suggestions is, to separate the supervision of the nursing from the housekeeping department; do you find the two duties clash; do you find that your duty, in looking after the provision and bedding, and other details of the house, interfere with your complete supervision of the nurses in regard to their duties in the wards?—(Mrs. Evans.) To some degree it does. For instance, in the early part of the day. Sometimes I am engaged

engaged up to close to one o'clock in the home-keeping duties, and I generally devote two hours from one to three, or half-past 12 to half-past two, in going round, seeing that everything is done, and sometimes an hour in the evening. I have all the linen senters to look after in the meantime.

257. *Mr. Mansell.* Is it you engages the nurses?—(*Mrs. Evans.*) Yes, but some of them have been here before I came here.

258. *Mr. Mansell.* Do you consider the scale of wages sufficient to secure respectable nurses?—It is almost as good as any in Dublin.

259. *Chairman.* What is it?—(*Mrs. Evans.*) 13*l.* a year and their food.

260. *Mr. Mansell.* Have you had occasion to remove any of them for neglect of the patients?—I had occasion about a year ago to remove one of them for drunkenness, which was the only case I had. Our nurses are particularly sober. She was discovered drunk on duty twice, and of course that was sufficient. She had only been here three months.

261. *Mr. Mansell.* You dismissed her?—(*Mrs. Evans.*) At once.

262. *Mr. Kennedy.* Do they all reside in the house?—No, sir, not all.

263. *Mr. Kennedy.* But you have fixed names who do live here?—Yes.

264. *Chairman.* With reference to the introduction of food, can you tell us whether the patients, through nurses or friends, would ever get whisky or beer or porter?—(*Mrs. Evans.*) I have discovered it occasionally.

265. *Chairman.* Among the constabulary patients?—(*Mrs. Evans.*) I never knew of their getting it through the nurses, but I heard of them getting it in the house.

266. *Chairman.* In the same way as they got other things?—(*Mrs. Evans.*) Yes.

267. *Chairman.* When you see food with them that is not ordered by the medical man, do you take any notice, or take it away from them?—(*Mrs. Evans.*) As I continued the permission that has always been allowed I never take any notice of it.

268. *Chairman.* I think you said it was confined to tea, eggs, and bread?—(*Mrs. Evans.*) So far as I know, except perhaps on a Friday, a fast day, a Protestant policeman would ask for a little bit of meat. That is the only irregularity I know of.

269. *Chairman.* But from their friends?—(*Mrs. Evans.*) From their friends I don't know.

270. *Chairman.* What food do their friends bring?—(*Mrs. Evans.*) The constabulary have very few friends in Dublin, and that was the origin of their being allowed to bring them little things.

271. *Chairman.* What do civilian friends be allowed to bring them?—Sometimes eggs and butter, and they sometimes brought meat, and I have refused to allow it to be cooked.

272. *Chairman.* Would you know about anything else being brought; whisky, for instance?—(*Mrs. Evans.*) Not so far as I know.

273. *Chairman.* But you have never seen it?—(*Mrs. Evans.*) I have seen it stopped once or twice at the gate.

274. *Chairman.* What are the names of the nurses on duty to-day?—(*Mrs. Evans.*) Mr. Byrne, male, and Mrs. Coe at the constabulary wards; and then at the female accidents wards nurses Feehan, Short, Gaffney, and Kelly.

275. *Chairman.* Is there any way in which you think the attendance of these nurses could be made more effective?—(*Mrs. Evans.*) I suppose if there was a superintendent of nurses, whose duty it would be to spend her time exclusively about the wards, it would be more efficient; but I never had a complaint from a patient; and both the nurses and myself have received letters of the greatest gratitude from patients; and I don't think there is any real neglect of patients by the nurses whatsoever.

276. *Chairman.* Had you any personal observation of the constable Anderson?—(*Mrs. Evans.*) When he was in hospital I was away on leave all the time except one day. He came in one day at an unusual hour, and I asked was there anything strange, and I was told he was after coming in.

277. *Chairman.* So you could say nothing personally of the matter?—(*Mrs. Evans.*) No; except what I heard of it.

278. *Chairman.* Who was responsible when you were away?—(*Mrs. Evans.*) I left a person in my place.

279. *Chairman.* Was that with the sanction of the governors?—(*Mrs. Evans.*) Yes; a sister-in-law of my own, Miss Evans.

280. *Chairman.* She was in charge of the nurses in the hospital during the time Anderson was here?—(*Mrs. Evans.*) Yes, she was left in charge.

Chairman. Don't suppose for a moment I meant it was any harm.

Mr. Evans. Yes; but there may not have been the same supervision as if I was at home; for a stranger could not be as well acquainted as I was.

281. *Chairman.* How long were you away?—(*Mrs. Evans.*) Three weeks; a couple of days less than four weeks.

282. *Chairman.* And you say Miss Evans was allowed to act by the governors?—(*Mrs. Evans.*) Yes; I just stated to the board of governors I would leave a suitable person in my place; but the governors did not know who she was.

283. *Chairman.* You did not say who she was to be?—(*Mrs. Evans.*) No, sir.

284. *Mr. Kennedy.* Did you ever leave her in charge before?—(*Mrs. Evans.*) No, sir.

285. *Mr. Kennedy.* Did you always have a person to take your place when you were away?—(*Mrs. Evans.*) Yes; I had not had leave of absence for two years before.

286. *Chairman.* She had no previous experience of hospital management?—(*Mrs. Evans.*) No, sir. It would be impossible to get an experienced person.

287. *Chairman.* But she, as a matter of fact, had no personal knowledge?—(*Mrs. Evans.*) No, sir. She was acquainted with the hospital from coming here two or three times, and going through it.

288. *Sir James Mackay.* Is there any person here in the position of head nurse who would take your place and be superior to the generality of the nurses in the institution?—(*Mrs. Evans.*) No, there is not. In fact nurse Coe is the only one of that class. I never got a nurse to do anything in that way at all.

289. *Sir J. Mackay.* I speak of acting in your absence?—No, sir.

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Sir J. Mackay.] Then there is no person, if you were absent, who could take your place?

Mrs. Evans.] No, sir.

300. *Chairman.*] You only said you would leave a suitable person, without mentioning who she was?—(Mrs. Evans.) So far as I recollect, I don't think I did. I think I did not say.

301. *Mr. Kennedy.*] Who is to be the judge of what is a suitable person when you go away?—(Mrs. Evans.) What I call a suitable person is a trustworthy person.

302. *Mr. Kennedy.*] But who is to be judge of what is a suitable person; yourself, I suppose?—(Mrs. Evans.) Yes.

303. *Chairman.*] Did Dr. Johnstone know who you were going to leave in your absence?—

304. *Mrs. Evans.*] I don't know whether I told you, Dr. Johnstone, or not?—(Dr. Johnstone.) I think you did.

305. *Chairman.*] Then, Dr. Johnstone, during

Mrs. Evans' absence you saw that Miss Evans was acting in her place?—(Dr. Johnstone.) Yes, sir.

306. *Chairman.*] And was she competent to discharge her duties?—(Dr. Johnstone.) I used to see her going about regularly, and saw no fault.

Mrs. Evans.] So far as giving out the food she was perfectly competent, for I had trained her before, and the patients said she was particularly kind to them.

307. *Chairman.*] Without meaning anything in the way of neglect, of course the nurses would not leave the same tight hand over them as if you were here?—(Mrs. Evans.) They might not feel that.

308. *Mr. Mansel.*] Miss Evans was constantly in the habit of being here?—(Mrs. Evans.) Yes, sir.

309. *Mr. Mansel.*] Is she a lady who would be over 30?—Yes, she is over 40; nearly 45.

Mrs. Cox, sworn; and Examined by the Chairman.

310. *Mr. Cox.*] You are nurse in the hospital?—Yes, sir.

311. How long have you been nurse here?—Fourteen years from the 1st of April, as nearly as I can remember.

312. I believe your husband was also a nurse?—He was also a nurse.

313. And as long as you have been?—Oh, no, sir; he was first in the shop, and then he was down in the engine for six or seven years; I could not exactly tell you the number of years. I think he was about five years in Dr. Warren's time.

314. Are you specially attached to any portion of the hospital?—Yes, sir.

315. Which portion?—10, 12, and 13 wards.

316. Are these constabulary wards?—Yes, sir.

317. Are they all the constabulary wards?—All.

318. And not civilian wards?—No.

319. There are one or two matters we wish to ask you a few questions about; how long are you on duty?—Every day from seven until 10.

320. Seven in the morning until 10 at night?—Yes.

321. Then the night nurses come on duty before you leave?—Yes, sir, before I leave.

322. Who is with you in the constabulary ward?—There is a deputy-nurse with me.

323. What is her name?—Her name is Kate Murphy.

324. What do you call deputy-nurse?—A person who assists me.

325. Is she a ward-maid?—Yes, sir.

326. Is there any other nurse?—No, sir, except the night nurse.

327. During the day time, for the three wards are you the only nurse?—The only nurse.

328. Is there a male nurse also now?—No, sir; there is no man nurse in my three wards, and never was. They are medical wards, and a man is not so much required there.

329. Then you are the only nurse in those three wards?—The only one.

330. How many patients are there as a general rule?—As a general rule there are about 23 patients; sometimes there are 33.

331. Is that in all the three wards?—Yes, in all.

332. Who succeeds you?—The night nurse.

333. Is it the same night nurse every night?—Generally two. There is Mrs. Maher and there is a man. When one has to go to any particular part the man goes round; but, generally speaking, the woman is there.

334. The lights are never put out?—No, sir; they may be lowered, but they are never put out.

335. Are epileptic patients in your ward or the other wards?—Sometimes they are according to the way they are sent from the depot.

336. Of course if you had an epileptic patient in the ward a male nurse would be necessary?—He would; and he would be there, or else a man left to mind him solely.

337. As you are not a night nurse you can't say exactly what they do during the night; but do you know what the rule is?—I give my orders, whatever they are. I give them up at night.

338. To whom?—To the night nurse; either to the man or the woman.

339. Are you and the ward-maid sufficient attendance for the 33 patients during the day time?—Well, we have done it for years. Of course if there was more it would be better; but at the same time I have been in the wards for that number of years.

340. The practice has existed of selling food to the constabulary patients; what have you got to say about that?—I have got nothing to say, except that I have done it, and it was done before I came into the house.

341. What kind of food did you sell, and what did you get for it?—I generally gave them tea, or a bit of bread and butter or toast.

342. What did you charge?—For tea I would charge three halfpence, and for bread and butter three halfpence, and for eggs three halfpence or a penny farthing. The prices of eggs varied.

343. Is there anything else?—Yes; I might have given them a bit of mutton on the days it was not allowed by the hospital.

344. What did you generally get for that?—I generally got 1s. for the dinner.

345. What

345. What did the dinner consist of?—Beef and mutton and some kind of vegetables.

346. And you cooked it yourself, and served it regularly to them?—Yes.

347. And the medical authorities knew of that?—Yes; at least I never was told not to do it.

348. You have been here for 14 years?—Yes; and when I came here the constables and head constables were allowed to board with the nurses.

349. Are not the patients, as a rule, all put on low diet when they come in; does that include meat?—No, sir; it means two pints of milk and—

350. Alderman *McDermott*.] Are you aware of the rule against adding any food to what is allowed by the officers?—These are not patients put on low diet.

351. But I speak of the bye-law prohibiting food being brought into the house?—Yes, sir; but it was not followed out for years before I came in here. I only walked in the footsteps of them that were before me.

352. *Chairman*.] Did you give dinners to all the patients on the Fridays, whether on full diet or low diet?—No, sir.

353. Only to those on full diet?—Only to those on full diet.

354. Do you do that still?—No, sir.

355. You don't?—Not a particle of food of any kind; not as much as would go on a fourpenny bit.

356. Since when?—Since the time of the inquiry.

357. Before that time you were in the habit of giving them not only eggs and tea and beef, but also drink?—No, sir; I only gave them tea to drink.

358. Did you never give them *Equor* of any kind?—Oh, never.

359. But with reference to food brought to patients by their friends, have you observed that?—Yes, sir, I have observed it.

360. What sort of food were they in the habit of bringing them?—Generally they might bring jam, and bread and butter, and perhaps a bit of cold meat, or perhaps a few eggs, or something of that kind.

361. Did you take no means to prevent that?—At one time I did, and found it of no use; and that did not exactly lie in my line, because it was at the gate it should be stopped. When they came into the wards I could not tell anything about it.

362. Why not?—Because I did not consider it my business at all to examine the patients as to the food they got.

363. Why weren't you the nurse to see the food they got?—Well, I believe it was only a couple of eggs or a pot of jam, or something of that kind.

364. It has been stated that the number of visitors on Fridays and Sundays is very great and very inconvenient; is there a great many?—Oh, yes, certainly, a great many.

365. Not so much in the constabulary ward as in the other wards. I can't say anything about the other parts of the hospital at all, because I knew nothing about them.

366. *Dr. Burke*.] But you had charge of the civilian ward at one time?—Oh, yes, sir, I had.

367. Do you recollect at that time that you were inconvenienced much by visitors?—I was a good deal, sir; for, if you remember, I had some

very bad patients at the time. I had a girl from the vice-regal lodge, and any visitors coming in might disturb her very much.

368. *Mr. Boyd*.] Are these regulations and orders hung up in each ward?—Yes, sir.

369. There is one of the cards hanging up in each ward?—Yes, sir.

Dr. Johnston.] But then there are other rules which apply to the constabulary.

370. *Chairman*.] You were here while constable Anderson was here?—Yes, sir.

371. Was he in your ward?—No, sir.

372. Then you had no attendance on him?—No, sir.

373. Who had?—My husband had, I should think.

374. Was there no female nurse?—Yes, sir, a deputy, just such as I have. The deputies and the nurses are never out at the same time; they never get the same pace.

375. Have you to get a pass?—You cannot leave without a pass.

376. Who gives it?—Mrs. Evans, the matron.

377. Can you give me any information as to what is done when a constabulary patient first comes into hospital; who receives him, and where is he placed?—The nurse of whatever ward he is sent to receives him.

378. Who brings him to the nurse?—A man from the depot.

379. Take, for example, yourself; a man from the depot brings you a patient; does he bring you any written document?—No, sir; that goes to the apothecary.

380. Who takes it to the apothecary?—The man from the depot.

381. After you get the man what do you do?—I take him to whatever ward he is returned for.

382. What do you mean by that; surgical or medical?—Yes, sir.

383. How do you know what ward he is for?—The man tells me such a man is for such a ward to go to. No. 10, suppose; 10, 12, or 13.

384. The constable who brings him tells you that?—Yes; I take him at once to the ward.

385. What do you do with him?—I give him a blue coat, and put down his admission, and draw stores for him that night.

386. Do you make any inquiries what is the matter with him?—I might ask him whether he has a cold; and if he was ill I would recommend him to go to bed.

387. And *Dr. Johnston* sees him at night?—If there is anything urgent I go for him at once, and he comes and sees him if I think he requires it.

Mr. Boyd.] I don't yet see who sends the policeman to the different wards; he may be a policeman who was never in the hospital before.

Major Dawson (Commandant at the Depot).] No, sir; there is a man told off especially.

388. *Dr. Burke*.] No case came under your care of a serious nature that you have not reported at once to the resident surgeon?—No, sir.

389. Have you heard of any such case as a serious case not being reported?—No, sir; not to my knowledge.

390. You were a considerable time in the civilian

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civilian ward before you went to the other?—Yes, sir; from No. 15 I was removed to No. 13. I was off duty for a short time, and I went to attend a patient for Dr. Colles in Duke-street, and when I arrived here 11 was vacant, and I was sent up there, and when the roof was raised I was transferred to my own wards.

391. You have charge of from 23 to 33 patients?—Yes, sir.

392. Has any complaint been made by any of your patients of insufficient nursing in consequence of your having to look after so many?—I could not say that ever it was made to me; at least, if it was ever made it was never reported to me. Of course I could not say. There might have been fault found, but, at all events, it was never spoken to myself, or told to me of me.

393. Mr. Monroff.] Have you ever been a party to giving spirits to men in your ward?—Never, indeed, sir.

394. Have you ever seen them with it?—I could not say I ever saw a man drink whiskey in my ward, if I was to die; or any man under the slightest influence of drink, coming in or going out, in any one way whatever; and I could not say I ever saw a man drink a drop of whiskey in a ward, or out of it either.

395. Chairman.] The men might drink it and you not see it?—I could not speak of that.

396. Mr. Kennedy.] Have you ever seen any man under the influence of drink?—No, sir.

397. Mr. Monroff.] Have you ever seen jugs brought in under the pretence that they were full of tea?—No, sir.

398. Chairman.] What is to prevent a friend bringing in drink on Sundays?—I don't know, sir.

399. Mr. Kennedy.] Have you ever seen drink of any kind brought in in any shape?—No, sir.

400. Mr. Monroff.] Have you ever found bottles in which drink had been?—I have done that, sir.

401. How often?—I could not say how often; it may be two or three times; not very often, indeed.

402. Chairman.] You know the smell of whiskey, I believe?—Yes, sir.

403. Did you smell it in the wards?—I could not say I did. If I uncorked a bottle of course I could.

404. But from the patients?—No, sir. It is a very palpable smell.

405. And a very palpable taste, too?—I have never done it unless when it was ordered for the patients.

406. And it is ordered sometimes by the medical men?—Yes.

407. I see the constabulary men are mostly in for colds; do they get any drink as part of their diet?—Whatever the doctor orders they get.

408. Dr. Burke.] If they require it they get stimulants?—Yes, sir, if they require it.

409. Chairman.] As a rule, if they require it

do they get porter for their dinner?—Yes, if the doctor orders it.

410. How many have you in your three wards to-day?—Twenty-two.

411. Have they got their dinner yet?—I think so; they dine at two o'clock.

412. How many of them got drink to-day?—Not one of all.

413. Not one?—Not at all.

414. Mr. Kennedy.] Is 22 a fair average of the number you have in the three wards?—Yes, sir.

415. Because you said 33 some time ago?—Twenty-two is a fair average.

416. And six nurses have been well able to nurse them up to the present?—Well, they have been in the habit of doing it.

417. Chairman.] Is there any way of knowing whether the night nurse attends to the patients or not?—It is very seldom I heard a fault found with them; and if I did I told it to the nurse herself, and afterwards to the matron; but that was very rare, perhaps not more than three times for the 14 years.

418. Mr. Kennedy.] You only heard of three complaints made in 14 years?—Yes, sir.

419. How long is the night nurse duty?—From ten till seven.

420. Chairman.] Who is on duty in these wards with you to-day?—Is Mr. Byrne here?—No, sir, he is up in No. 11 ward.

421. There is no man on duty with you?—No, sir.

Mr. Monroff.] I would ask to put before the Committee a statement. A question was put as to the suitability of the person in charge of the wards during Mrs. Evans' absence. Her last request was (*words from book*). "Will you have the kindness to grant me leave of absence for three weeks and I shall leave a suitable person (my sister-in-law) in my place." That was in August 1876. She doesn't appear to have asked for leave in 1877. In 1876 she asked "Will you kindly grant me leave of absence for a fortnight. My sister will undertake my duties during my absence." In 1876 she asks, "Will you have the kindness to grant me one month's leave of absence. My sister, who understands my duties perfectly, will undertake them while I am absent." I would lay these applications before the Board, to show that the person who was in charge last August, had been in charge before, and was familiar with the duties.

Chairman.] No. She said her sister-in-law took charge last time. This is her sister in the other cases.

Mr. Monroff.] I understood it was the same person.

Chairman.] No, she said the person in charge last time never was in charge before.

Mrs. FREEMAN, SWORN; and Examined by the Chairman.

Mrs. Fisher.

422. I BELIEVE you are a nurse in the hospital?—Yes, sir.

423. What departments are you in?—9 and 8 wards.

424. Are these constabulary or civilian wards?—Female wards.

425. What are your hours of duty?—From eight in the morning until nine at night, at the present time; earlier when there is a bad case.

426. Then you are relieved by the night nurse?—Yes, sir.

427. Do

427. Do you know anything about attendance at night?—No, sir, I am not supposed to.

428. How long are you here?—Seven years.

429. Then you must have a good deal of experience in the working of wards: have you an assistant maid in the wards?—Two ward maids.

430. No other nurse?—No, sir.

431. About how many patients generally have you?—There is vacancy for 34 patients between the two wards, and I have had up to 37.

432. At night, who attends in the night wards?—The night nurse. One night nurse takes up three wards, I think.

433. Then when there is a specially bad case, there is a special night nurse for that case?—When I make a report to the matron that there is a special case, requiring a special nurse, she has a nurse specially in that ward for that patient.

434. When does the matron come round?—She comes round twice a day regularly.

435. She comes in the day time and at night?—At night a little before eight or after eight o'clock.

436. Who gives you directions as to the patients?—The doctors.

437. Dr. Johnstone or others?—Yes.

438. Is there anybody there at night, to see whether the night nurses do their duty or not?—No, sir, I don't know anyone except the doctor. He is often through the house.

439. Did you ever hear any complaints from patients, of the nurses not attending at night?—No, sir, the nurse who has charge of that ward is very attentive; she tries to do as much as she can and divides herself.

440. You never heard any complaint?—No, sir.

441. She is on duty every night?—Yes, sir.

442. And she sleeps in the day?—Yes, sir; she is supposed to come in at nine o'clock.

443. Does she live in the hospital?—No, sir, she is a married woman and lives outside.

444. Do the others live in the hospital, or outside?—There is another not in the house.

445. Is there another lives out of the house?—Yes, Mrs. Lee.

446. She is the only one that lives outside?—That is all.

447. In the ward you had, did you know of the patients getting food from nurses?—No, sir.

448. Did you give them anything yourself?—No, sir, except to give them a cup of tea if it be ordered, but at present I have given that up, for I have not time. I might make a cup of tea for one or two particular operation cases.

449. Did anything like selling food exist in your wards?—No, sir.

450. That did not exist at all?—No, sir.

451. Did friends of the patients bring them food?—Occasionally I have seen them bring a little butter and an egg, a loaf, or bit of bread or rolls. The friends come in great numbers according to the class of patients. They are generally a very poor class of patients in the accident ward.

452. Have they many friends coming to see them?—Sometimes they might have two or three, and perhaps some of them might be there for six or seven weeks and have no friends.

453. Dr. Swale.] There are two wards, and in one of them you have a different class of patients?—Yes.

454. Chasman.] Have you any complaint to make that people outside bring the patients food not allowed by the doctors?—No, sir, I have never seen anything I could make the slightest remark about. The only thing I saw was a little bread and butter. The other class of patients is most particular about their friends, and they would not attempt to do anything but what the doctor orders.

Mrs. Fidler.

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The Board then adjourned until Thursday, the 14th November, at Eleven o'clock.

SECOND DAY, Thursday, 14th November 1878.

Sir Francis Brady, D.L. (Chairman), Sir James W. Mackey, D.L., Alderman M'Dermott, Ignatius Kennedy, Dr. McClinton, and Samuel Boyd, Governors of Dublin Hospitals, sat at Steven's Hospital at 11 o'clock and resumed the Inquiry. Dr. Martin, Secretary to the Board of Superintendence, attended.

Dr. LE CLERC, sworn; and Examined by the Chairman.

455. CAN you tell us what are your duties in connection with the constabulary patients in the hospital?—My duty is to send them to hospital when I think it is a case fit, especially when I have no room in my own hospital to keep them. I have a small hospital with 22 beds in which I keep sick cases, men who are not able to do duty and they must rest, and if I have no room at my own hospital I send them to Steven's Hospital.

456. The countrymen who come up to Dublin for treatment are all sent to Steven's Hospital for treatment?—Yes, all sent here.

457. All the country men?—Yes.

458. What is the practice as to sending them; do you send them here, and what information do you send with them?—I send a man, I may call him my sick orderly, and there is a small note in this document (produced) where I put the name of the disease I think they are suffering from,

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from, but as I have not the treatment of these cases, of course the disease should be found out by the doctors themselves.

459. Of which cases?—The cases from the country; but still I put there the disease they come from the country for.

460. Do you see all the country patients as soon as they come up from the country before they come here?—Oh, yes; I see them in the morning.

461. And do they bring from the country some statement as to what is the matter with them?—They do.

462. Do you ascertain or inquire whether that is correct?—To be sure, I examine them to see whether it is correct.

463. And then you send them off to the hospital?—Yes.

464. Filling up the paper with the disease?—Yes.

465. I think it was stated here by Dr. Johnstone that it was not always the practice to fill up the disease?—The practice is with me these 21 years. I have always done it.

466. You always did so?—Yes, always.

467. When patients come here do you come to see how they are getting on occasionally?—Yes, I do come occasionally to see them.

468. Have you no fixed time for coming?—No, I come whenever I like, and by the order or regulations it is stated that the surgeon will visit Storer's Hospital occasionally at uncertain times to see what progress they are making, and if there is no malingering going on.

469. Do you communicate with the medical attendant of the hospital?—No, I have nothing whatever to do with the medical treatment.

470. But I mean do you consult or communicate with him as to the cases?—No, but if they ask me about a case, I don't think they ever did; I don't meddle with them as they have the medical treatment themselves; I don't interfere with them.

471. Were you aware of the practice of selling food to the constabulary patients?—No.

472. What do you think of it; is it a practice that should be allowed or disallowed?—Well, I don't think there is much harm in men getting proper food, milk, or bread, and fruit, and vegetables. I don't think there is much harm in it, but I would not on any account allow them any kind of drink certainly.

473. These patients being paid for by the constabulary 1s. 4d. per day, would not that 1s. 4d. be sufficient to give them plenty of whatever food they required without their buying it?—Yes, but sick people sometimes have fancies, and you could not ask an hospital to carry on these fancies, and if they have money I don't see why they should not get them themselves.

474. Alderman Aldersott.] Except in the case of malingering?—Oh, yes; but sick people would like a little fresh bread, and a fresh egg, and there is no harm in it.

475. Chairman.] But they get their dinner all together sometimes?—Of course their dinner they should not get.

476. If the hospital was paid a sufficient sum by the constabulary, ought not that to include the supplying them with as much as they could possibly want?—Of course it should, except these fancy articles, such as fruit and delicacies, jam; no hospital would furnish that. I don't know

anything the men buy except that, or that they should be allowed to buy.

477. Mr. Boyd.] If there is a certain diet ordered by the medical men, is it right to interfere with it by giving another article to the patient?—No, of course it is not, but you never see even in private practice anything else. You see always fruit brought, and the medical man knows nothing about it.

478. Have complaints ever been made of insufficient attendance by the nurses?—Not to me; no.

479. You never heard of it?—No; never heard any complaints. I come very often and ask the men whether they had any complaints to make.

480. Dr. McCulloch.] When a patient is considered convalescent here, does he go direct to the country, or come back to you?—He comes back to me.

481. So that you have an opportunity of seeing him after he leaves this?—Yes.

482. Mr. Kennedy.] Does he stop with you for some time?—He stops as long as I consider it necessary.

483. You say it is nearly all country cases you send to this hospital?—Yes, nearly all. All constabulary cases sent from the country by the doctors.

484. And it is these cases you send here?—Yes.

485. Chairman.] Do you ever come to see whether the food prescribed by the dietary was given?—No; you know I have nothing to do with the management of the men once they are sent here.

486. Dr. Burke.] But you frequently visit the wards?—Oh yes, I come here frequently; I come here perhaps three times a week, and sometimes once a week, and sometimes I don't come in the week at all, as I am sent to the country on duty.

487. Dr. McCulloch.] What is the purpose of your visiting the patients sent to here; you have said you don't interfere with the treatment or have any consultation with the medical men; is it just a kindly interest in the men, and to see that they have no complaints to make?—Yes, to see there is no complaint, and to see that they do not remain too long, and spend their time here for nothing.

488. Dr. Burke.] I remember when I was here you frequently came to me and spoke to me about special cases, and drew my attention to them, and asked how they were?—Of course I would do that.

489. Chairman.] Are there any suggestions you have to make with reference especially to the points brought under the notice of Government by Colonel Hillier; the want of sufficient attendance at night, and the matters relating to diet?—What has been said already, I have nothing more to add to it. You know when a person is under the care of a medical man it is very hard for any doctor, official or non-official, to come and interfere with him, but if any gross neglect was brought before me I would certainly speak about it, but it has never been done.

490. One of the rules of the apothecary's care is this: "He shall take special care that no extras are ordered or issued from his department, except such as are prescribed by the physicians and surgeons;" that would include the delicacies you speak

speaking of?—I should say it would; I said that only as my own opinion; I don't say they would be right to do it, because they should break the rule of the institution.

491. There is a very positive rule which says that these things shall not be given by the institution, and then you say you don't think it is any harm that these things should be given by the friends of the patients?—Well, I think not. It would be very hard to prevent it. In every

hospital you see friends bringing in delicacies and fruit, although against the rule of the institution. You see that in every hospital. Of course they are very well in themselves, these rules, to prevent abuses, but I don't think they prevent the thing itself much.

492. And no complaints have been made to you, at all events?—Never a complaint has been made to me.

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Dr. GRIMSHAW, sworn; and Examined by the Chairman.

493. I WILL read to you, Dr. Grimshaw, what we are to inquire into, as directed by Mr. Burke's letter, and the letter of Colonel Hallier (reads letters); now what have you to say with reference to these questions?—Well, with reference to the first question of the provisions, and the feeding of the patients, first, is it a question whether the nurses are permitted to sell food?

494. First, whether they did sell, and second, whether they are permitted to sell?—Well, with reference to the permission to sell food, I am perfectly certain they have no authority, either from the Board or the medical officers to sell food to patients, that I am perfectly certain of. In fact, this rule that they are not to receive food except by the direction or permission of the medical staff, that is an absolute rule of the hospital; anything that is given in opposition to that is a violation of our rules.

495. And wrong is your opinion?—Perfectly wrong.

496. Then in your opinion the patients should not receive any food either from the nurses or their friends other than the diet prescribed by the medical man?—I won't say that; without the permission of the medical man. For instance, men are sent here and kind ladies send in papers and things which we would not think of burdening the hospital with; but we think if any person presents a luxury to a patient the medical officer should be asked, and if he gives permission there is no reason, I think, why he should not have it.

497. But not without your permission?—No; also with reference to the regular dietary of the hospital and whether it should be exceeded, I don't know whether you are exactly aware what we mean by the regular dietary. There may be a confusion of terms. There is a scale of diet fixed, marked 1, 2, 3, 4, and 5. These are known as full, middle and low diets. Without violating the rules of the hospital the patient can, of course, receive food by the direction of the medical officer. That is not included in what are technically called the diets, because the regular diets are laid down here, but our medical staff have complete and uncontrolled authority from the governors to order whatever they like. The governors give us a discretion in ordering food, &c., for the patients, and we exercise that to the best of our ability for the welfare of the patients, and with one regard to the economy of the funds, and if I order anything out of the way on the prescription card the patient would get it.

499. Dr. McCloskey.] What you prescribe is superfluous?—Yes.

500. Alderman McDermott.] There are some cases, are there not, in which the additional food

brought in would injure the patients?—That is quite possible.

501. And what is the object of the rule?—The object of the rule is that the medical officer under whose care the patients are should have absolute control over everything the patient receives, either in the way of food or medicine. There is a rule in every hospital.

502. [Chairman.] I will read to you the evidence of Mrs. Evans, the matron, and Mrs. Coe, on the subject of the sale of food to the patients, and you can tell us what you have to say about it (reads evidence):—

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"(161.) It is given in evidence and admitted that food not ordered by the doctors has been sold to the patients; tell the Board anything you know about that?—I know that so far as when I came here it was an old established rule.

"(162.) What was?—That policemen—I don't mean about others—could procure additional food, such as an egg or a cup of tea.

"(163.) By paying for it?—Yes.

"(164.) How long have you been here?—Seven years.

"(165.) And it was an old rule before you came?—Yes, and I tried to stop it when I came.

"(166.) How did you try to stop it?—I told the nurses I did not wish them to do it, and then the constables in 11 and 14 petitioned me to be allowed to get little luxuries, and they made it a particular request that what was always allowed should still be allowed.

"(167.) What did you say?—I said I saw no harm in it if they were willing to get it themselves. They assured me it had always been the custom.

"(168.) This is with reference to food sold to them by the nurses?—The constabulary would alone. There was no permission given in any of the other wards. It was the patients themselves petitioned about it.

"(169.) And that continued?—Yes, it continued.

"(170.) Does it continue now?—No, sir, not so far as I know from the nurses. They don't keep a single article of food, not even bread.

"(171.) You are able yourself to say that?—Not from the nurses; certainly not."

Then Mrs. Coe in her evidence says (reads):—

"(340.) The practice has existed of selling food to the constabulary patients; what have you got to say about that?—I have got nothing

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nothing to say except that I have done it, and it was done before I came into the house.

"(341.) What kind of food did you sell and what did you get for it?—I generally gave them tea or a bit of bread and butter, or toast.

"(342.) What did you charge?—For tea I would charge them 1½d. for bread and butter 1½d., and eggs 1½d. or 1½d. The prices of eggs varied.

"(343.) Is there anything else?—Yes, I might have given them a bit of mutton on the days it was not allowed by the hospital.

"(344.) What did you generally get for that?—I generally got one shilling for the dinner.

"(345.) What did the dinner consist of?—Beef and mutton and some kind of vegetables.

"(346.) And you cooked it yourself and served it regularly to them?—Yes.

"(347.) And the medical authorities know of that?—Yes; at least I never was told not to do it.

"(348.) You have been here for 14 years?—Yes, and when I came here the constables and head constables were allowed to board with the nurses."

That is the practice that is proved to have existed. Mrs. Evans says that it was an old established rule seven years ago?—I have only to say I have been a member of the medical staff as one of the acting officers for seven years, and before that assistant physician, and frequently in charge of the pupils when I was a pupil. I was resident clinical clerk, and I am perfectly certain nothing of the kind was ever authorised by the staff. I may also add that I have complained of that very nurse, Mrs. Cox. The last time I spoke to her was about a matter which I certainly thought should not occur again. I found in one of the patient's bedsteads, I forget what it was, but it was something which should not have been there. I asked how it came there, and she said it was brought by one of the patient's friends.

503. Was it drink?—No, it was not. The only instance I ever detected of drink being brought into the hospital, was whiskey brought to a policeman in No. 15 Ward. It was seized by the nurse and handed to me, portion of it in a bottle. That is the nurse in the Fever Ward, and I mentioned it to the constable on duty; I forget his name now, and I don't know whether it was noticed at the dépôt. I was told it was brought in by another policeman on visiting day.

504. Do you consider the number of nurses sufficient?—I consider the number of nurses and ward attendants is sufficient, but I don't consider that their duties are distributed in such a way that the best value can be got out of their attendance for the patients. There is a report of the Medical Committee which I don't know whether you have seen or not.

505. No?—With regard to the number of nurses we stated in that report, that we considered the number of attendants sufficient, and comparing the number with what we find in other well-managed institutions, we find it is sufficient. It will be seen from that Report that the nursing staff is classified into seven divisions, and that with two exceptions, there are three persons in the capacity of nurses attached to each

of these divisions. That we consider sufficient, and what we wished to alter was, to take off certain housemaids duties as it were from the wardmaids, who are nurses in reality, and to transfer them to persons who will be purely scrubbers; and the other was that the night nursing was to be of a more permanent character than it is. There are four night nurses employed, and these are supplemented. There are nine at present in the hospital. They vary according to circumstances, and we think it would be better to try and arrange day by day alternative service, that the night nursing will be done by a permanent staff instead of partly by a permanent, and partly by temporary nurses.

506. In this report you say, "the night-nursing arrangements are not at all satisfactory, the four night nurses not being sufficient in number for the whole hospital, and have to be constantly supplemented in an expensive and not very satisfactory manner?" That we constantly supplement them is literally true. It is hardly ever the case that there are only four night nurses.

507. You also recommend "that a superintendent of nurses be appointed who should endeavour to carry out such organization of nurses as has been above indicated." Now as to the supervising of the nurses by the matron, it appears she only goes round the wards twice every 24 hours, once in the day time and once at eight or nine o'clock at night; and she never sees the wards or goes near them until after 12 o'clock next day. It occurred to us that that was scarcely supervision at all? She does more than that, because she pays occasional visits besides, I have met her several times.

508. Well, that is what she told us?—The night surgeon frequently visits the wards at night. The matron could not be up night and day.

509. You recommend that an additional person should be appointed as superintendent of nurses?—Yes, she could not be on duty for 24 hours.

510. And that the matron be relieved altogether from that duty?—Yes, for she has enough to do in the housekeeping.

511. With reference to the reception of patients, the practice as proved to us is, that the patients come in in the afternoon, not at all hours, but at regular hours, excepting cases of sudden sickness, in which case they are brought at any time. They are brought up to the nurse in the ward and she keeps them until the patients are all put to bed, and the resident surgeon never sees them until he goes his round at night?—No, what really occurs is this, there is the morning and evening visit of the house surgeon who goes round irrespective of everything. He goes round in the morning and in the evening, at nine o'clock, or whatever is the bed hour. Any case admitted during the day is admitted to the ward for which it is marked. This is in reference to the constabulary ward. The constabulary surgeon sees the patient, sends his docket down, and marks the disease and the ward he is to go to. It is done at the dépôt. He is really received at the dépôt, and transferred to us if it is a suitable case. Then if the case is not marked as a case to be seen to at once, he is put to bed and seen in the evening. If it is a case for immediate attention, the house surgeon is sent for, and if the

house

house surgeon is not available we have a staff of eight clinical clerks who see these cases at all hours of the day and take notes of them, and it is their business to report any circumstances that come under their attention to the house surgeon, so that these patients are constantly looked after.

I will just read you Dr. Johnstone's evidence on that subject.

"(5.) Into whose care are they given by the constabulary officer who brings them here?—They are brought to whatever ward they are to go to, and he leaves them there.

"(6.) Who receives them in that ward?—The nurse.

"(11.) There is nothing done with the patient until you see him?—That is generally so, but if a person is very bad, I am sent for at once, and if not, I see them at the most in two hours afterwards.

"(16.) You mentioned that if it was a serious case, you would see him sooner than your usual round?—Oh, yes, if it is a serious case, the nurse comes round and says, 'There is a man ill in such and such a ward, and I would like you to go round and see him.

"(20.) Have you any fixed time for seeing the patients?—Yes, sir.

"(21.) What time is that?—At eight o'clock at night. There is a bell rings, and when that bell has done ringing, that is my night round.

"(22.) And is that the time when, in the ordinary course, you see the constabulary patients for the first time?—Yes, unless they are something very bad, and then I see them at once."

512. Alderman *M^r Dermott*.] The question arose with us, who was to be the judge of the critical case?—The surgeon of the constabulary, and if such a thing as a bad case came into hospital, and was not notified to anybody, it would be the fault of the police authorities; in fact, such a thing could not occur.

513. Don't you think there should be an hospital surgeon to receive them?—No; this is a constabulary patient. The receiving officer is the constabulary officer at the depot, and he sends them to the ward they are to go to.

514. He says he has nothing whatever to do with them, except to send them down here, but in the case of country patients, he receives notice from the physician who has been attending him in the country, and he looks to see if that is apparently right, and he sends the patient down here, and he has nothing more to do with them?—Yes, he looks to see if it is right.

515. But he gave us to believe that he did not look to them with a view to treatment?—No, but he looks to see whether the disease is rightly stated; he is in no way portion of the staff of this hospital.

516. Do you think it would be desirable to have some house surgeon to receive the patients first?—No.

517. It seems to me the reading of the document is left to the nurse?—Yes, and the clinical clerks.

518. We have not heard of them?—If there is a new patient comes in, the clinical clerk is told at once.

519. *Chairman*.] We examined Dr. Johnstone, 103.

the matron, and the nurse, and none of them told us that.

520. *Dr. Burke*.] That is the reason why we wish to have some of the staff examined, as the evidence of the others was most incomplete, and some of it most inaccurate. (*Dr. Grimsdon*). The constabulary patients are admitted under a more regular system than the civilians, because an order may come from any governor. A man goes, and he asks for a vote from a governor, and there is no medical opinion sent with it whatever, and it has not passed through medical hands who are authorised to consider the case at all. The case comes down here and is to be considered according to the best arrangements of the hospital. At the time, there is a regular list of pupils hanging up at the gate, and one of them is bound not to leave it within the 24 hours.

521. *Mr. Boyd*.] It is very odd that no one told us that before. (*Dr. Grimsdon*). It is the usual course of things, and the names are put up there on the gate, and any one can see who is on duty.

522. *Sir James Mackay*.] Do we understand it was Dr. Le Clerc's duty to come here and look after the patients?—No; on the contrary, he comes down here when he wishes to make any inquiry; he comes down here, he is very friendly, and he talks with us, but nothing more.

523. *Chairman*.] Mrs. Coe is the nurse in charge of the constabulary wards?—One of them.

524. She said she was in charge of them all?—She must have misunderstood the question. There are seven divisions marked in this paper (*Report of Medical Committee*) and there are two divisions 5 and 6; these are both constabulary divisions, and this No. 7 division is for constabulary too. It is the fever division, and one side of the fever division is devoted to the constabulary, the other side is civilians. The wards 10, 12, and 13, are under the management of one nurse, and 11 and 14 in charge of another nurse. Mrs. Coe is nurse of No. 5 division, wards Nos. 10, 12, and 13.

Chairman.] Here's what Mrs. Coe said, (*reads*):—

"(314.) Are you attached especially to any portion of the hospital?—Yes, sir.

"(315.) What portion?—10, 12, and 13 wards."

"(316.) Are these constabulary wards?—Yes, sir.

"(317.) Are they all the constabulary wards?—All.

Dr. Grimsdon.] She has not understood the question; for as a matter of fact, there are a nurse and two ward-maids attached to that division.

525. *Chairman*.] This is her statement on oath. (*Dr. Grimsdon*). I don't think the oath has much to do with the matter; the woman is trying to say what she believes is true. The matron has told me long ago that there was a nurse and two ward-maids attached to this ward. This statement that is here printed, is on the matron's authority.

Chairman.] We had the matron examined on oath.

Dr. Grimsdon.] But I don't think the oath has anything to do with it. This is an official statement prepared by all the medical

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medical staff of the hospital. I went round the whole hospital to collect this information. I saw the people mentioned in this list, and there is no mistake about the numbers, unless a ward-maid has been dismissed since this day week. This is the standing staff of the hospital; the whole thing is there; there can be no mistake about it; these are the staff the governors are paying at this minute.

Chairman.] Mrs. Coe's evidence is quite clear (*reads*):—

"(325.) Is there any other nurse?—No, sir, except the night nurse.

"(327.) During the day time of the three wards, are you the only nurse?—The only nurse.

"(329.) Then you are the only nurse in these three wards?—The only one."

In a fuller answer, she stated that there was a

deputy nurse with her named Kate Murphy: "What do you call a deputy nurse?—A person who assists me."

526. *Alderman M'Dermott.*] Mrs. Coe says there are occasional nurses, but you say there are permanent nurses?—There is a great difference in the terms. The ward-maids here are called assistant nurses. Deputy nurses are names that have no existence in the hospital management at all.

527. The nurses you mention are permanent?—The governors of the hospital believe that that is the staff of the hospital, and I don't understand how a nurse could be got rid of since this day week. This No. 12 ward is empty at present and they may have removed a girl to some other place, but she is still a nurse.

Chairman.] We will re-call Mrs. Coe and ask her again.

Mrs. COE, re-called; and further Examined by the *Chairman*.

Mrs. Coe.

528. Is't Kate Murphy a ward-maid with you?—Yes, sir.

529. Is there any other ward-maid?—No, sir.

530. Only the one?—Only the one.

531. *Mr. Kennedy.*] Have you charge of the three wards you stated on last day?—Yes, sir.

532. And you have only one ward-maid to assist you?—Yes, sir.

533. *Alderman M'Dermott.*] Was that always the case?—Yes, sir.

534. Since you came to the house?—Yes, sir.

535. *Chairman.*] Is there any other person there except the patients and yourself?—No, sir. Several others sleep on that lobby, but they have nothing to do with the ward.

Dr. Grinsham.] I can't account for it at all. She can have a ward-maid if she asks for it.

Chairman.] That is another affair altogether?—Well, the person exists if she wanted her.

536. *Alderman M'Dermott.*] She said there was a person to be had in case of emergency?—Well, the answer to that is that she had the person there if she wanted it. The witness is confused.

Mr. Kennedy.] She did not appear confused, and she gave the same answer to-day as yesterday.

Chairman.] With reference to the reception of patients, she is asked:—

"(377.) Can you give us any information as to what is done when a constabulary patient first comes into hospital. Who receives him, and where he is placed?—The nurse of whatever ward he is sent to receives him.

"(378.) Who brings him to the nurse?—A man from the depot.

"(379.) Take for example yourself. A man from the depot brings you a patient; does he bring you any written document?—No, sir, that goes to the apothecary.

"(380.) Who takes it to the apothecary?—The man from the depot.

"(381.) After you get the man what do you do?—I take him to whatever ward he is referred for.

"(382.) What do you mean by that, surgical or medical?—Yes, sir.

"(383.) How do you know what ward he is for?—The man tells me such a man is for such a ward; to go to No. 10, suppose 10, 12, or 13.

"(384.) The constable who brings him tells you that?—Yes, and I take him at once to the ward.

"(385.) What do you do with him?—I give him a blue coat, and put down his admission, and draw stores for him that night.

"(386.) Do you make any inquiries what is the matter with him?—I might ask him whether he has a cold, and if he was ill, I would recommend him to go to bed.

"(387.) And Dr. Johnstone sees him at night?—If there is anything urgent I go for him at once, and he comes and sees him if I think he requires it.

"(388.) No case came under your care of a serious nature that you have not reported at once to the resident surgeon?—No, sir.

"(389.) Have you heard of any such case, as a serious case, not being reported?—No, sir; not to my knowledge."

Dr. Grinsham.] There is a mistake in that statement; there is some query whether it is a surgical or a medical ward; she has nothing whatever to do with surgical wards; she has no surgical ward under her charge.

537. *Chairman.*] There is nothing about clinical clerks seeing the patient?—But the fact is so. All my information with regard to my patients comes through the clinical clerks or the house surgeon, but mostly the clinical clerk.

538. *Alderman M'Dermott.*] The party who is to judge of the critical case is the nurse, for she does not get a docket?—Of course, if she was a trained nurse she must know. We would not keep her unless she was perfectly trained.

539. *Mr. Kennedy.*] It was not as to her own case; it was as to the general usage?—She knows nothing whatever as to the usage of other wards.

540. *Mr. Begg.*] Does the docket contain the number of the ward to which the patient is to go?—

go?—That is a matter for the constabulary surgeon. They are brought according to the description of the people at the depot, and if we find it convenient for their treatment afterwards we transfer them from a surgical to a medical ward, according to the best of our ability, if we find it for the advantage of the patient.

541. *Chairman.*] Do you think it would be useful in this hospital to do what is done in some other hospitals, to have a system of tell-tale clocks by which the nurses would be obliged to register their attendance?—No; it is very good for watchmen, but it is perfectly useless for nurses. One patient may require a good deal of attendance, and the other none at all.

542. But isn't it desirable that they should go through the wards at night?—Of course it is.

543. And isn't it desirable that they should go through the wards?—Yes; but touching a clock would merely show she was walking about, which would be what she should not do.

544. But that is the system adopted in large Government institutions for the express purpose of showing whether the nurses go through the wards at night?—Yes; but all you can know about a nurse is the quality and the respectability of the persons employed; it is impossible to deal with them as sentries. They are not sentries in any sense of the word.

545. But if a medical man has a certain hour in going round the wards, would it not be advisable that the nurses should go round also to see that the patients wanted nothing?—No, sir; I disagree with you altogether, if that is your opinion. The certainty of hours would involve a routine, and when the nurses discharged that the governors would be perfectly satisfied; and what we want is special attention to the persons who want it most.

546. Might not they be combined?—They might, but the real way is what I say.

Mrs. Cox, again recalled; and Examined by the *Chairman*.

557. WHEN a constabulary patient comes to you for the first time, you told us the other day you received him from the constable, and that you asked the constable who brings him, where he is to go and what ward he is for; that is to say, yours is a medical ward, and if he is for a medical ward you keep him until the doctor sees him at night?—Yes, sir, and if he complains of cold, I put him to bed and, perhaps, bathe his feet with hot water.

558. Does nobody see him until the doctor comes at night?—If there is urgency I go for some doctor, and either I get the gentleman on duty or him.

559. But suppose it doesn't appear to be an urgent case, does any person see him until Dr. Johnston comes at night; what about clinical clerks?—They may come into a ward, but if a patient doesn't require them they are not sent for.

560. Do you send for them?—They generally come in about half-past four.

561. They have a particular time for coming in?—The constabulary men have.

562. When do the clinical clerks come in?—Any hour between that and the resident surgeon; they may be in the wards at 11 o'clock at night.

547. There is no way of knowing whether a nurse goes through the wards at all?—No way.

548. Would not a tell-tale clock do that?—Yes; but with regard to the duties, it would show the wrong thing altogether. It would not prove that the patient she was directed to watch had been visited at all.

549. But it would give the patient an opportunity of telling her?—No; because the patient would probably not be able to call at all in the cases that want watching.

550. Then you don't think it would be advisable to have the nurses walk through the ward at night?—I do, but the only object is to have them attend to the patients. I don't think a tell-tale clock would achieve that at all.

551. It would insure their going through the wards?—Yes, but that is not what is wanted.

552. And would not that be better than if they did not go through the wards?—It would be an excuse for the nurse to say, "If the patient says I was not here there is my proof I was."

553. *Dr. Burke.*] Doesn't it frequently occur that the nurse has to administer medicine during the night?—Yes.

554. *Chairman.*] How is it known whether she does or not?—The patient knows.

555. *Alderman McDermott.*] Did you ever hear of any complaints being made of non-attendance by night nurses?—None whatever.

556. And never from their friends?—The only occasion that I knew of neglect by a night nurse was a man in charge of a delicious patient. He was not delirious then, and that was the mistake. He was a small-pox case. The nurse allowed the patient to get up and out of the ward; instead of calling another nurse to get something the nurse went himself and the patient nearly got out of the ward. The man was dismissed, but it was mere indiscretion on the part of the nurse.

563. But do they see the constabulary patients when they are first introduced?—Yes, sir.

564. Of necessity?—They may occasionally, but if a man is only just complaining of something trifling—

565. It is left to yourself in point of fact as to whether you think he requires any attendance or not?—Well, yes, of course; I can very easily say whether he requires to be attended, and perhaps there would be a gentleman in the ward when the case comes in, and, as I told you, it very often happens that gentleman would be there until 11 o'clock.

566. *Dr. Burke.*] In the event of Dr. Johnston being out, can you really always get medical or surgical aid in the hospital?—Oh, certainly, I never found any difficulty in getting aid.

567. You say that the constable when he comes in is not necessarily seen by the house surgeon, or by the clinical clerk, or resident; but do the clinical clerks and residents visit the wards often, independent of the house surgeon?—Very often, and I have had them up there until 11 o'clock at night within the last fortnight. They are doing their own business, and when any gentleman is in the ward I never leave it.

568. In fact, at all times there is ample aid
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at your command?—Yes, at the beginning of the week the doctor sent to me at half-past one at night and I got up and stopped with him.

569. *Sir James Mackay.*] Does the necessity for calling in these clerical clerks who are about the house depend on yourself and the state you find the patient in?—Well, at present, they are in the wards without any necessity at all.

570. Is there any medical gentleman to examine the patient the moment he comes into hospital and before he is put into the ward?—Oh, no, sir, I have not heard of it.

571. It is on your statement of a necessity existing for the medical man that he is called in to see the patient?—Well, sometimes the man

who marches the sick, says to me, Dr. Le Cleze told me I was to get a doctor to see the patient, if he considers that the patient requires it, and then I go at once for the doctor.

572. But not otherwise?—No, sir.

573. *Mr. Boyd.*] Is there generally a clinical clerk at hand when the patient comes in?—Oh, yes, sir.

574. He doesn't receive the patient; he is only at hand?—Only at hand, but if he saw a patient coming in he would run up stairs after him and see what is the matter.

575. And he is generally to be found when you go to look for him?—I never in 14 years had occasion to go a second time to look for him.

Dr. GRIMSHAW, re-called; Examination by *Chairman* resumed.

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Grimshaw.

576. HAVE you very often suffered inconvenience from the number of visitors to patients?—Not personally, for that is not our visiting hour, but I have been in hospital on Sundays on many occasions when visitors were present, and except the inconvenience that always follows visitors to hospitals, and which is a necessary evil, I have never had any reason to complain.

577. It was told to us that the number of visitors, especially on Sundays, was so great that in the first place it was almost impossible to keep order, and that it gave great facilities for introducing food, &c., to the patients, which the medical men and nurses had no means of stopping?—Well, I don't know what you want me to say about that.

578. You have heard of that?—I have heard of it, and it exists in every hospital in the United Kingdom. There is the greatest possible difficulty in dealing with the visitors to patients and watching them.

579. But in some places the numbers are restricted?—There are a few places, but I don't think anywhere in Dublin.

580. *Alderman M'Dermott.*] It is said that in some cases five or six friends come to one patient, and in some cases not one at all; could you not limit it to the immediate relatives?—It is a question of advisability. It is a matter of great importance to encourage poor people to come about the hospital, and if we discourage in any decided manner the admission of visitors, poor people will object to go into hospital; therefore it is inadvisable to put too stringent rules on poor people in hospital seeing their friends; for instance, in that fever hospital where it is advisable as little communication should be held as possible with outsiders, it has been found essential to admit a number, for the injury would be so great of shutting them out, that the governors and medical staff wish to go to the greatest extent they can with safety. It is a matter of humanity more than a medical charge. If we had our own way we would say don't admit.

581. In the case of contagious diseases you would for their own sakes limit them?—I would give them full notice of the risk, while not refusing admission to see patients suffering from contagious fever; we think on moral grounds it would be wrong to prevent people coming to see their friends; it would be a very serious interference with liberty if we did so.

Chairman.] Here is what Dr. Johnstone says of it (reads): "If you were here on the

visiting day you would find it almost impossible that the nurse could stop them. There are sometimes 12 or 15 people seeing one patient on the same day. In Belfast the number of visitors is cut down, but here the ward is just like a fair."

Dr. Grimshaw.] Well, I think that is rather high flown. I have been here on Sunday afternoons at visiting hour, and when I have been, of course there have been a great number of people coming to see their friends, and perhaps from a strictly medical point of view it would be better not to have them there at all, and that applies as much to private patients as to others. We could not interfere with it, and I really think it is pleasant to walk round the wards and see the number of people who come to see their sick friends; as a matter of discipline it is bad, but as a matter of morality it is good.

582. *Mr. Boyd.*] Were you resident here for a number of years?—No, I was never resident, but I was Mr. Cusack's assistant here a great many years ago. It is a very difficult question. Mr. Boyd knows what a difficult question it is at Cork Street Hospital.

583. *Mr. Boyd.*] They will go there, right or wrong?—We have to strike the balance between good and bad, and that is all we can do.

584. *Chairman.*] The way the question cropped up here was in reference to patients getting food, and it gives great facilities for it?—It does.

585. Which no one can check?—It is not impossible, but it requires a great deal of supervision. In London they absolutely search the people. I think they would not stand it here at all. We are a different sort of people. I doubt very much whether Dublin people would allow their pockets to be ransacked by a gate porter. I don't think they would.

586. *Sir James Mackay.*] That part of the hospital where the fever patients are, do you allow friends to come in to visit these patients?—Certainly.

587. *Mr. Boyd.*] But there is a cautionary notice?—They are generally told there is danger.

588. *Alderman M'Dermott.*] You were under the impression that one of the students saw every patient that came in?—No, no; I was not under such an impression.

589. I understood you so?—No.

590. But whether or not, it has been proved it

it is not so, it is left to the judgment of the nurse; is it your opinion that it would be better to have one always in attendance to receive patients, instead of the nurses?—It might be better, but it would be stretching the thing to the greatest possible extent.

591. If they were here at all there would be no inconvenience?—But, as a matter of fact, hospital patients are dealt with, as to the calling in of a medical man, and nursing, very much the same as private patients. We put them in charge of a nurse, and if anything unusual turns up we are sent for.

592. But it is the nurse who is the judge of that?—Yes, so it is in every private case. If I attended you as your medical adviser I would have to depend on the nurse entirely. It is the same way with hospital patients and nurses.

593. These are people sent from the country?—Yes, and there is a medical history with them; if that was carried out strictly there should be a clinical clerk attached specially to each nurse. They spend a great deal of time in the wards. They go round all the patients every morning before the medical officer comes at all, and they go round to see whether the instructions are carried out, and they go on duty before the house surgeon to make arrangements and see whether anything has turned up. They generally make four visits to each patient during the day.

594. Don't you think it would be practicable?—Of course; the more medical men the better. If we could have medical students to nurse the patients so much the better, but I don't think we can.

595. (Chairman.) Unless there is anything you wish to say about the hospital, I don't think we will trouble you further, Dr. Grinshaw?—There have been two or three things mentioned in the evidence: First, as to the night nursing, and you have not asked me about the provisions the patients get.

596. We take for granted that the dietary prescribed was right and proper?—I understood you to say that there was a complaint of insufficiency of food.

597. No; the complaint was that under the system at present in force, constabulary patients are able to purchase from hospital nurses articles of food in addition to the hospital dietary, and that spirits are sold to them; I will read you Mr. Burke's letter, which sets forth the complaints (*reads letter*)?—As to the provision of diet, which is recommended in the letter, and exists already, we have constantly a patient saying, "I don't think, sir, I am getting quite enough of food," but he has no right to say such a thing. We have a perfect right to prescribe what they are to get. It is so with private patients, and we have a perfect power. There are columns for marking these diets in the bed-tickets. This card hangs at the head of the patient's bed the whole day after it has been compared with the books, and everything entered. The patient's diet is marked in the first column, and there are extra things ordered from time to time, and there is a blank place to fill in anything particular. For instance, here is a patient who was ordered cocoa as tea did not agree with him. If a patient gets what he is ordered in these columns he has no right to complain, because we look upon the prescribed food in the same light as medicine. Everything in fact is physic for a patient when in hospital, and if he

gets what he is ordered he has no right to complain. He differs with the medical man, and his opinion is of no value.

598. (Alderman *St. Desaut*.) The ordinary diet is the same with all patients?—All patients.

599. And the one shilling and fourpence has nothing to do with the arrangement of the dietary?—No; some will cost more and some less. There are cases of patients getting quinine, and the one shilling and fourpence would not pay one-fourth of their expenses. There is one point, as to the permanent night nurse. In the report we say, "Besides these there are four night nurses and two scrubbers, making in all 25 persons employed in attendance on the patients' wards and surroundings." Now, that might make it appear there were only four persons in attendance in the wards at night, but, as a matter of fact, there are many more. There are four constant standing nurses, and they are reserved for the more serious wards, and whenever a serious case occurs a person is specially told off, but it does not mean that the hospital is ever left in charge of four nurses. It hardly ever is; indeed I don't know that it ever is; and the night nurses have instructions to call up the day nurses if they get into any difficulty. They sleep near the wards, and there is no real deficiency of attendance; and as regards everything connected with the dietary, attendance and nursing, I have never received any complaints from any patient, nor of the treatment they received at the hands of the nurses or servants. It is a thing that has never occurred.

600. (Chairman.) Do you know that the attendants were in the habit of giving them food very much in addition to what was ordered?—I did not. There was once a report reached me that a man in the fever ward got a chop, and I inquired into it. I found the chop was given unknown to the nurse by the ward-woman.

601. (Sir James Mackay.) I think we had it in evidence from the nurse who has just left the room that she supplies tea, bread and butter, and gives some of the patients, for which she receives one shilling for the dinner, and three halfpence for a cup of tea, and three halfpence for bread and butter?—That has been stated.

602. By the evidence which you have given now, and which appears to be what any medical man attending an hospital would give, it seems that anything a patient requires that the doctor thought necessary is provided by the hospital, and for the payment that the hospital receives?—Certainly.

603. How is it permitted then that these nurses are to be left judges, and give these patients what they may wish for and charge them for it?—My answer to that is, that it is not permitted. It is contrary to the rule.

604. (Chairman.) No, but the strange thing is that, although it was not permitted, yet it was not only done, but done in a systematic manner; the practice was carried on for 14 years, and how it went on for 14 years without the knowledge of the medical man is very strange?—I think you will find that it has gone into existence in 14 years, and that it was a very small thing at first.

605. The matron says she found it an old established rule when she came here, and that the patients petitioned that it should be continued?—

Dr. Burke.] The matron admitted that report

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report was never made to the medical man or the board about this.

606. *Chairman.*] No, she never made a report herself?—The answer is, it was never permitted by the authorities.

607. *Sir James Mackey.*] Don't you think discipline is lax in the hospital where the nurses will undertake to do that which is contrary to the wish of the governors, and directly opposed to the directions of the medical attendants?—Certainly, we admit that this is a failure of discipline, and I don't think any governor or member of the staff wishes to defend the misdoing of these nurses.

608. The matron, who appears to be a most respectable person, gave very positive evidence of that; that it was the usage in the hospital, and that she did not see her way to alter it?—That is a matter for the matron, but I have only to say for my department, as one of the medical staff for whom I speak, that it was never sanctioned by the staff or governors of the hospital.

609. *Mr. Kennedy.*] And you were not aware of its existence?—We were not.

Chairman.] The only thing is, whether the management was such that it was possible to exist without the governors or staff being aware of it.

Dr. Burke.] I was attending the hospital since 1846, and I never heard of it until I read it at Kilkree, in the evidence sworn at the inquest.

Dr. Grimeson.] We admit the thing was wrong, but we don't say we sanctioned it, and I hope Sir James understands it is not permitted.

Sir James Mackey.] I can quite understand that, for it would be quite contrary to the wish of the medical officer; if he was to have any curing of the patient under his control, it could not be while the nurses could give whatever they liked and be paid for it. The patients would be a long time in hospital if such treatment were carried out.

610. *Mr. Boyd.*] I believe Coe was dismissed?—He was transferred; he was taken away.

611. *Chairman.*] But his wife who did the same thing, she is continued there still?—There was no charge made against her at the inquest, and it was quite a recent thing, and is has astonished us very much, and the public are not at all more annoyed at it than the medical staff.

612. *Dr. McCheslock.*] Was it the duty of the matron when she knew such gross violation of the rules existed, to have reported it to the medical staff or the board?—Certainly.

613. *Chairman.*] It appeared that during the time when this Constable Anderson was here (whose inquest caused the whole discovery) she was not here. She went away the very day he came in, and she never returned until after his death, and therefore she was unable to tell us anything about the matter. She wrote a letter to the board, asking for leave of absence, and saying she would leave a suitable person in her place, namely, her sister-in-law, and she tells us her sister-in-law had no hospital experience at all previously; were you aware of that?—I was aware of it to this extent, that it so happened I was on leave myself at that time; that is the time we take our holidays when business is dull, and

we had a good many of the wards closed at that time, and although her sister-in-law has not had charge of an hospital, she knows a great deal about it, for she has been constantly here and going round it and seeing it. It would be quite impossible in the present state of hospital affairs everywhere, particularly in Dublin, to obtain a competent person of the experience of Mrs. Evans, or anything like it, to come here and take her place here for a short time; there are no such people in existence.

614. But were you aware of the person she was going to leave in her absence?—No, sir, that is a matter for the governors. The person is, I believe, very competent; she had charge before.

615. No, she never had before, but Mrs. Evans' sister had?—Yes, and is a competent person as ever could be. At one time Mrs. Evans was sick, and Dr. Colles and I arranged her sister to be put in charge of part of the hospital, and she did it remarkably well.

616. *Sir James Mackey.*] Have the changes recommended in the report been carried out?—

Dr. Burke.] The recommendations have not been brought before the board yet.

Dr. Grimeson.] This report has not been before the board yet, and has not been considered; I merely produced it to show what we contemplated, and I wish it to be considered perfectly confidential.

617. *Sir James Mackey.*] I asked the matron if she was absent on leave, or from ill health, or otherwise, is there no person qualified to take her place, no person such as there is in other hospitals, in the shape of a head nurse, to supersede the other nurses, and to see that their duties are carried out; that I see is recommended in the report?—There is no such person here; that is an officer that exists in very few hospitals in Ireland; there is no such office in existence in any Dublin hospital at present.

618. I think in St. Mark's Hospital, when the lady superintendent goes on leave, the head nurse takes charge, and that, I think, is a very judiciously managed hospital?—St. Mark's is a little place anybody could look after.

619. Well, if it is necessary there in the small place, it should be more so here?—Yes, but I think an ordinary lady who has been in the habit of keeping her own house would do much better, but their object is to have some person who knows nothing about housekeeping, and will devote her time entirely to the nursing. There is one point with regard to Dr. McDonnell; one time the matron complained of goods supplied by the contractor, and he and I undertook to inspect them occasionally, and we went to the ladder to see how it was. It was meat, and once there was a complaint about bad milk, and the contractor was dismissed. We have always taken great care about these things; in fact, I think everything that human foresight could do, we have done.

620. Does the resident surgeon practice outside?—Well, no, you may say he doesn't; he may attend a few friends, but not more.

621. Is he supposed to be always in the hospital?—Well, unless he goes out for air.

622. Is it his duty to be in the hospital?—No, he has a right to go out upon his own business; he has always a person to whom he gives instructions.

Dr. Burke.]

Dr. Burke.] Frequently the clinical clerk is a qualified surgeon or physician.

623. Chairman.] What I want to know, was it considered the duty of the resident surgeon to be in the hospital always?—Unless when out exercising.

Dr. Burke.] Or by leaving some one in charge.

Mr. McCARTHY, sworn; and Examined by the Chairman.

624. You are the Apothecary?—Yes.

625. I believe you receive the dockets such as this that are sent with the constabulary patients?—Yes; they are put into my letter-box.

626. Then they are not given to you personally?—They are not.

627. Then you have no personal knowledge of the arrival of the constabulary patients here?—I have not, sir. I know that they come about four o'clock.

628. You only know that they are in hospital by finding their dockets in your letter-box?—That is all.

629. Sir James Mackey.] Are you on duty at four o'clock?—Not usually, sir.

630. Mr. Kennedy.] Then who gives that docket to the nurse with the patient?—That is handed to the registrar, not to the nurse.

631. That docket is taken to the nurse?—No, it is shown to her.

632. Chairman.] Are you the first person who gets the docket?—I am, sir.

633. Do you only get it in the way you have told us, in your letter-box?—Yes, sir.

634. Alderman McDermott.] And your duty ends when you hand it to the registrar?—Yes, sir.

635. Mr. Kennedy.] What do you do with it?—I bring it into the shop, and keep it until the registrar comes.

636. When does he come?—Perhaps next day or a couple of days afterwards.

637. Chairman.] Is there any communication made of the contents of this docket to the medical officer?—Well, no, sir, except the names are put on the cards at the beds.

638. Who knows the name?—I do. This is what is called the admission ticket (*produces ticket*). I transfer from this to the bed ticket, which is the ticket over each bed.

639. Now, Dr. Grimsshaw, the apothecary gets this document only by finding it in the letter box. This contains a statement of the disease, and I ask him how is the medical officer informed of this statement of the disease of the patient?—(Dr. Grimsshaw.) By this: the only object in Mr. McCarthy's having these at all is to fill up the heads of these bed tickets.

640. Chairman.] Mr. McCarthy, the patient comes in about three or four o'clock in the day, and this ticket is put into your letter-box then, and when do you get it?—I get it that evening.

641. Meantime, the patient has gone to bed and is under treatment?—Yes, sir.

642. How is the medical officer informed as to what is the matter with the patient, if he doesn't get this docket?—He finds it out himself.

Dr. Grimsshaw.] There was a difficulty before our knowing nothing of the previous

Dr. Grimsshaw.] You know it is absolutely impossible for officers to be always here. It is here the same as a man going to his office every morning.

Chairman.] But it is very much a fixed idea with those who have fixed hours, to devote the intervening time to their own affairs.

medical history of the case, but now a document is sent down with the previous history of the case from the depute, which is handed to the medical officer in charge. For instance, this morning a new case comes down, and the house surgeon handed me the medical history of the case. He had looked over it previously. It is a separate document from this altogether. This is merely for the registration purposes, and to enable Mr. McCarthy to fill up the tickets.

Chairman.] Dr. Le Clerc gave me to understand that he filled up the column for the purpose of giving information to the medical staff of the hospital, and now it turns out that this is no use.

643. Alderman McDermott.] Are they sent in every case?—(Dr. Grimsshaw.) I believe so, but I can't tell you that, for if I come to a patient and see he has the small-pox, I never ask whether there is a medical history; the matter is quite clear, but if I find any difficulty in the case, I begin to inquire; but where it is clear, I never ask any questions.

644. Alderman McDermott.] We want to ascertain who is the first person who gets a history of the case?—Either the clinical assistant, the medical officer, or the house surgeon.

Chairman.] The house surgeon doesn't, for he is not there.

645. Alderman McDermott.] And the question is when does the doctor get it?—(Dr. Grimsshaw.) The medical man never comes, except in case of emergency, unless at their usual hour in the morning.

646. Sir James Mackey.] What is the object of the two reports from Dr. Le Clerc with the patients? I understand that that docket is filled up by Dr. Le Clerc too, and there is another docket comes down with them specially?—(Dr. Grimsshaw.) That is a new arrangement, in consequence of this inquest. It was stated there was no accurate description sent down, and since then there has been a system of sending accurate accounts, so far as Dr. Le Clerc knows of each case.

647. Chairman.] Of every case?—(Dr. Grimsshaw.) I believe so. I can't say exactly, and these appear to have been received by the house surgeon. They are shown to us in the morning on going round to show what is the previous medical history of the case.

Mr. McCarthy.] They are addressed to the house surgeon.

648. Sir James Mackey.] What is the object of the apothecary getting this docket?—For registration purposes.

649. Alderman McDermott.] You have never received

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received any of the other reports?—(Mr. AP Carthy.) No; that is the only document I ever received.

650. Alderman AP Dermott.] And for anything that may appear, the medical staff may

never see this at all?—(Mr. AP Carthy.) No, sir.

651. Alderman AP Dermott.] Therefore it is no use connected with the disease of the patient?—No, sir, I believe not, nor is it any use to me either.

Dr. JOHNSTONE, re-called; and further Examined by the Chairman.

Dr. Johnstone.

652. THE matter about which we asked you some questions the other day, is still by no means clear to some of us; that is as to the course adopted when a constabulary patient is brought to the hospital. We have had it that he was brought by a constable, and that the constable brings with him a docket similar to this, (produced). The constable takes him up to one of the nurses, and says to the nurse, he is either a medical or a surgical case, and the nurse takes him according to her own discretion and judgment, and treats him?—Oh, no.

653. Well, keeps him there until you see him?—I object to the word "treatment."

654. Alderman AP Dermott.] She puts him to bed?—But that is not treatment.

Mr. Kennedy.] And she said she put hot water to his feet.

655. Chairman.] Well, that is treatment; at all events he is not seen by any of the medical staff, except it is a case of emergency, until you see him at night?—No, on the night round.

656. That is as I understand the course?—Yes.

657. What information is given to you as to the disease?—None, unless he is a country man. I have to find that out for myself. If he is a man sent from the county I will see a report. That has come into operation since the inquiry.

Dr. Grimsdale.] Every policeman taken ill at the dépôt is sent down here for treatment, unless it is something very slight. If a policeman gets ill in the country he is sent up to the dépôt, and sent to us by Dr. Le Clerc, but that is different from a person getting sick in the dépôt and being sent down to us.

658. Chairman.] Dr. Johnstone, this second document was adopted since the inquest?—(Dr. Johnstone.) Yes.

659. Dr. Burke.] At whose instance was it adopted?—(Dr. Johnstone.) At the suggestion of the coroner, but I am not positive about that; but that is my impression.

660. Chairman.] This blue document doesn't come to the medical staff at all?—(Dr. Johnstone.) No, it comes to the apothecary.

661. Chairman.] And practically the patient remains in the care of the nurse until you see him at night?—Yes, unless it is an urgent case, but most of the cases are simply cases of catarrh and cold and that.

Dr. Grimsdale.] A great number of the patients sent down here by the constabulary authorities are patients suffering from cold, and are not seriously ill. They are sent here to prevent them becoming serious cases of bronchitis or inflammation of the lungs, which they would probably become if left unattended to. These require no treatment

except to keep them quiet, but the other cases from the country are nearly all serious.

662. Chairman.] Dr. Johnstone, do you get a similar document to that (produced)?—No. None of those men appear to be county men.

663. Except one?—Well, that is the only one I have received a description of. I saw the man with erysipelas just as he came in. I happened to be there.

664. If it had not happened you were there by chance you would not have heard of the case until night?—No; unless the nurse reported it to me; and if a man expresses a wish I would be sent for.

665. Then it is left to the nurse?—And to the man himself, who is a very good judge of how he feels.

666. Dr. AP Watson.] Is there any fixed rule as to the time these constabulary patients are received at the hospital?—Between four and five o'clock.

667. That is an established rule?—Yes; then the men go out and others come in.

668. What is your time for going your round in the evening?—Eight o'clock.

669. Then, as a rule, there never could be more than a lapse of three or four hours until the patient is seen by you?—There never is more, and sometimes it is a little earlier.

670. And if the man expresses a wish himself, or if the nurse sees there is anything unusual about him, would it be her duty to let you know?—It is her duty, and she invariably does let me know.

671. Dr. Burke.] There are several clinical clerks attached to the hospital?—Yes, sir.

672. It is not unfrequently that one of the clinical clerks holds the position of surgeon and physician?—Yes.

673. In case of your absence, you generally refer to the gentleman on duty to attend to any cases that may come in?—Yes.

674. You never leave the hospital without making due provision for any accident or sudden case coming in?—No.

675. Chairman.] When Mrs. Evans went away, did she communicate with you as to whom she was leaving in her place?—I think it was casually mentioned, but I won't be positive. I think she said her sister-in-law was acting in her place.

676. Did you know whether she was a competent person?—I could not say anything about that. I did not know.

677. And don't you think it right that you should be consulted as to a competent person to be placed over the nurses?—That is the business of the board; and if they thought the person competent it was not for me to dictate to the board.

678. Well,

678. Well, she was competent?—As far as I saw, everything went on very smoothly.

679. Was she competent to supervise the nurses?—Very much about the same as when Mrs. Evans was here. I saw nothing different.

680. With respect to the night nursing, we had a little discussion with another gentleman as to whether some system could not be adopted, such as exists in large Government institutions, of toll-tale clocks, to make it certain that the nurses would go round at proper hours?—The nurses might keep a toll-tale clock very well, and not attend to the patients.

681. Isn't it the duty of the night nurses to go round pretty frequently?—Yes; and they could peg the clock, and not attend to the patients.

682. Wouldn't it ensure their going round into the wards?—Yes; they might fly into the ward and fly out again.

683. Would it prevent their being asleep?—But nothing beyond that.

684. Is there anything in the supervision of the nurses by which you can know that from the time you leave at night until next morning one of the nurses goes into the ward?—We generally know, for nearly always the dresser or myself are up; and we get a great many accidents from the streets of the city.

685. But suppose the constabulary wards, where there are no accidents?—Well, we can see them always bobbing about.

686. Alderman *McDermott*.] You have never found any of them asleep, or heard say complaints?—No.

687. *Chairman*.] And you don't think it necessary to ensure their going through the wards

more than at present by supervision?—No; I think they go round often enough; for when we have a special case we put a special nurse on that bad case; and the other nurses go to that case as well, while the special nurse never leaves it.

688. *Dr. Burke*.] The patients sometimes require medicine during the night?—Yes.

689. Did you ever hear of any complaint of their not administering it?—Never heard of any such complaint.

690. *Chairman*.] But considering that for 14 years an abuse went on of deliberately selling food to the patients over and above what was allowed by the medical man, without the knowledge of any of the medical staff, isn't it possible that such a thing as a patient not getting medicine would go on as well?—I think they are different. It was never the night nurses had anything to do with the selling of food. It was all confined to the constabulary, and in the upper part of the house.

691. But you say there was no complaint of patients not being attended to; but isn't it possible, having regard to what happened as to the food, that these things went on without your hearing of them?—It might go on; but the civilians would very soon turn round and tell you they did not get their drinks in proper time. Civilians would turn round immediately on you.

692. *Chairman*.] In the intervals between 12 in the day and eight o'clock at night, have you any particular time for leaving hospital after your own business?—No, I have no particular hour for going out; but I never go without leaving a proper substitute, who is as well able to take charge of the institution as myself.

Major JOHN DUNCAN, sworn; and Examined by the *Chairman*.

693. You are Commandant of the Depot?—Yes.

694. What is the routine as to the sending of constabulary patients to the hospital?—There is a constable told off. In fact, he is permanently employed for the purpose of collecting all the patients for Steeven's Hospital, and he marches them down here, such as are able to walk; and such as are not able to walk are brought down in cabs; and he generally leaves here about half-past four, and brings down that ticket you have there. Then those who are likely to be discharged he brings back, and those who are brought back are placed in the Convalescent Hospital, where they are detained for such length of time as Dr. Le Clerc thinks necessary; and the men discharged from this hospital never either go to the country or sent to his duty unless he has spent a certain time in the Convalescent.

695. When they come up from the country how long do they remain at the depot before being sent here?—That all depends on Dr. Le Clerc.

696. When they first come into hospital?—Yes.

697. Have you ever heard anything about their selling food to the patients here?—Oh, no. I am bound to come down here every three months; and I go round the ward and speak to the men, and ask them if they have any complaints; and I think it right, so far as Mrs. Coe is concerned, to say that I found her always most attentive and most sympathetic to our men.

698. *Dr. Burke*.] May I ask you whether there is not always an orderly sent down here?—There is an orderly told off; either a constable or an acting constable from the depot, who comes down here every day, and arrives at about half-past ten o'clock; and it is his duty to remain here until about eight o'clock at night, going through the wards amongst his own comrades, and all that, and exercises a kind of control and regularity over them; and if they have any complaint as regards food or treatment, he brings it under the notice of the orderly officer. That orderly officer is bound to visit this institution every day; and in some instances, but there are few instances, there were complaints made by the patients to the orderly officer about food; and there was also another case, I have the papers here, that there was a complaint, I think, made about administering of medicine properly, or something or other. I thought all a class of cases to bring under the notice of the board of governors, and they dismissed the servants; but any other case about the food was immediately rectified; and the complaints were very few.

699. *Dr. McEustack*.] Were the complaints as to the deficiency or the quality of the food?—The quality of the food.

700. *Chairman*.] Did you hear any complaints during the time Constable Anderson was here as to his treatment?—I must tell you I have heard of it; but I happened to be not at home, but in the country on duty, and that formed part of the inquiry here; and I think there was some report made

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made by some of the men that they saw him on the floor.

701. *Chairman.*] Report made to whom?—It came out in evidence, I think. I saw it in the inquiry.

702. I don't know whether it came out in any official report?—Oh, yes; there was a Sub-inspector Carter reported. He says he was coming to see him.

703. *Dr. Burke.*] Was there any complaint made by the orderly officer of the day?—Yes; I think you will find Mr. Carter was examined.

704. Was he the orderly officer?—Yes; Mr. O'Brien was merely a visitor.

705. If there was any report made by the orderly officer it would be in your official records?—Yes.

706. *Dr. McClinton.*] How long have you been attached to the depot?—Going on 12 years; it is not quite 12 years.

707. I thought I saw something on the inquest where his name was mentioned.

708. Do you know of your own knowledge anything about the matter of which you think Mr. Carter gave evidence?—No.

709. *Chairman.*] Is it the same orderly officer?—No; but it is the same officer brings down the men every day.

Constable JAMES COULTER, sworn; and Examined by the *Chairman*.

710. I UNDERSTAND you have been employed bringing patients from the depot down here?—Yes, for nine years and a half.

711. What was your practice; what did you do with them?—I handed them over to the nurse.

712. What did you tell her when you brought them?—Well, I told her those men were to be under her care while they were here.

713. How did you know that yourself?—According to the admission ticket I had in my possession.

714. Which was it; was it one like it?—Yes, one like it (*produced*).

715. And was the disease in the corner here?—Yes; that was always filled up.

716. And according to that you told the nurse?—Yes; whether it was a medical ward or a surgical ward case. Sometimes there was no vacancy for the men when they came here.

717. What did you do with this document?—I deposited it on the way out in the letter-box of the apothecary's door.

718. Did you see any of the medical staff when you came here?—Sometimes.

719. But officially, to make any communication to them?—No.

720. Nothing?—Never.

721. Did you see the men while they were in the wards under treatment?—Only when I came down on this duty in the evening about four o'clock. During my time, I was here at all hours, day and night, but it was generally in the evening at half-past four I was here.

722. Did you know of any complaints being made by the men, as to the nurse?—Not to my own knowledge, I didn't know of any. I was a patient here in 15 Ward in June last for 15 days, I had small-pox. There were no complaints made during my time.

723. I gathered from what you said, you did not know of any of your own knowledge. You did hear of complaints, but what were they about?—If I can speak on hearsay, it was insufficiency of food.

724. That is, they did not think they got as much as they could eat?—Generally the young men.

725. Did you hear that complaint extend as far as to drink?—No, sir.

726. Did you know of the practice of nurses selling food. Did you know whether it went as far as drink?—Well, I could not say. I believe food was sold.

727. What is your opinion; you need not

mind anything you tell us?—I could not give a definite opinion.

728. Well, an indefinite opinion?—Well, I believe from the late investigation that was in this hospital, that it was sold.

729. That drink accompanied the food?—I couldn't say that.

730. That is your indefinite opinion?—Yes, I believe it was so.

731. *Mr. Boyd.*] That is at an odd time?—I could not say that.

732. *Dr. Burke.*] Your only reason for arriving at that conclusion is from what came out at the coroner's inquest?—Yes.

733. You know nothing personal about the matter?—No sir.

734. *Chairman.*] Before the inquest took place, you knew that food was sold by the nurses to the men?—I did.

735. Did you know that drink accompanied the food?—I did not know that drink was sold.

736. Although you knew that food was?—I knew that food was.

737. Did you know whether there was any drink given to them by their friends, although not sold?—No, I did not.

738. Did you ever see any men in the ward with drink?—Under the influence.

739. In the possession of it?—Never.

740. *Sir James Mackay.*] Did any of the force, after they left the hospital, ever tell you of their treatment here?—Well, yes, some of the men had spoken well of the treatment they have received in this institution, both from the doctors and the nurses, frequently.

741. *Dr. Burke.*] Were you in hospital yourself?—I was, sir.

742. How were you treated while you were here?—I was treated remarkably well.

743. You had no cause of complaint?—None whatever.

744. Did you hear any complaints from the patients in the wards with you?—Never.

745. And, generally speaking, the treatment you heard your comrades speak of was good?—Generally speaking.

746. What are the exceptions?—Insufficiency of food.

747. By the young men?—Yes.

748. *Dr. McClinton.*] Did you ever buy any food yourself?—I did.

749. What food?—A cup of tea and bread.

750. And what did you pay for it?—Oh well, I really don't remember. It was in the year 1871; I was here with the jaundice, and suffering from

Constable
Coultier.

from the jaundice; my appetite was not very good. I could not eat the food given, and Mrs. Coe very kindly gave me a cup of tea night and morning, and I was very glad to get it at the time, gentlemen.

754. Did you see Anderson while he was here?—I did. I was here two days on duty at that time.

755. Did you ever hear any complaint about him at that time?—Nothing.

Acting Constable NICHOLAS WYNN, sworn; and Examined by the Chairman.

759. Tell us what you have got to say about bringing men to the hospital?—I succeeded Constable Coulter in bringing down patients here from the depot.

760. Are you on that duty now?—Yes, sir.

761. What is your practice when you bring patients down here?—I give them to the nurse. There are six constabulary wards in this hospital. Nos. 15, for contagious diseases, and Nos. 10, 12 and 13, I believe to be medical wards, and 11 and 14 are generally looked upon as surgical wards.

762. When you get a patient, how do you know what ward to bring him to?—There are admission tickets.

763. Like this?—Yes, and their names are in these, with their diseases usually, by Dr. Le Clare.

764. And the number of their ward?—No, sir, that is the number of the company the man belongs to. They are not allotted to any ward until I bring them down and give them to the nurse. I look to the ticket, and I see a case that I would consider would be more suitable for a medical ward, and more men that would be suitable for a surgical ward, and all these cases I would send to a medical ward, and such case as diphtheria, and lung diseases, and phthisis I would send to the medical wards; and catarrh I would send either to the medical or the surgical wards, as catarrh is more considered a cold; and such as lumps, where there is anything like operations, I would send them to the surgical ward.

765. *Chairman.* You seem to have quite a taste for that kind of thing; what do you do with the document?—I was told by Coulter that that was to be put into the letter-box of the apothecary's door, and I put that ticket always into that letter-box.

766. You don't see the medical man of the hospital at all. You only see the nurses?—Yes.

(*sic.*) 777. You never have any conversation with the nurse?—I only say there are so many men here, three or four as the case may be, and I send them into the ward.

778. *Mr. Boyd.* Do you meet any of the young men who are resident pupils?—I might, but I do not know them. I know Dr. Johnstone, but seldom I meet him. Sometimes when I have a county man, Dr. Le Clare sends down a letter to him and I deliver it to Dr. Johnstone, and if I can't find him I leave it at his own house. I search round the hospital for him, and I even went to the dead house one day and found him.

779. *Chairman.* How long have you been on this duty?—On the 24th June last I took it up.

780. You don't know anything about the nurses in the wards?—No, sir, but if I thought

756. As to his treatment?—Nothing.

757. *Alderman Mr. Dermott.* Do you recollect when you brought Anderson in here?—Yes, I brought him. I was here on duty on the 9th September, and on the 5th he was walking about. He told me when he had no fits he was very well, and the second day he was in bed, and I did not speak to him at all.

758. *Chairman.* Did you see him lying on the floor?—I did not.

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Coulter.

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a man was marked feverish, and that it was likely he would have fever, and his case was not developed, and the doctor would not know, I would ask for the doctor to be sent for, and he comes and sees him, and perhaps sends him down to 15. I waited in a good many cases to get the doctor for the men.

781. *Mr. Boyd.* Do you remember who brought John Anderson here?—No, sir, it was the man who escorted him from the county.

Major Dawson. He was brought up in care of another constable.

782. *Alderman Mr. Dermott.* Were you here yourself?—Yes, from the 27th March to the 2nd of April last, six days.

783. *Chairman.* Did you know about the selling of food?—I did, sir.

784. Did you hear any complaints about their not getting food enough?—I always heard the men grumbling about not getting food enough. That it was not good enough and not fit for them.

785. How?—That the description was not good enough.

786. *Mr. Boyd.* Or was there not enough of it?—They go so far as to say that, for a man who would be down here with sore legs or something like that, or a sprained foot, that the quantity was not sufficient, and that the man who was very sick could not use it, as it was rather coarse for very sick men.

787. *Dr. Burke.* You say you were a patient here yourself?—I was, sir.

788. What was your personal experience. Did you get enough of food?—I did not, sir; I bought food myself.

789. The physician thought you got enough; but you superseded his judgment, and bought food for yourself?—I suppose I did, and it was wrong.

790. Was the bread bad?—It was not so very bad bread.

791. We got the very best we could procure from Manders?—I would not say it was very bad.

792. *Chairman.* Did you eat the food they gave you first, and then got other food in addition?—I ate a good part of the allowance.

793. And then got the other in addition?—Yes.

794. *Mr. Kennedy.* Did you feel the worse of all you ate?—No, I did not feel a bit the worse of it.

795. *Chairman.* If you got all you would be inclined to eat sometimes, you would be hard to keep in hospital?—

796. *Mr. Boyd.* In what way was the food bad?—From my own experience I did not get enough of it, for I was on what is called low diet, and got a small piece of bread and a pint of milk

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milk for dinner and tea twice; and I don't believe I got any meat at all.

797. Then it was not the meat you had to complain of?—No, for I got none.

798. It was the quantity?—Yes, for I was on low diet.

799. What were you complaining of?—A pain in my right side.

800. Were you the best judge, or the doctor, as to diet?—The doctor, I suppose; but I did not grumble myself; I procured extras.

801. *Chairman.*] What did you get for dinner?—Some bread and milk.

802. Did you get some rice?—Yes; I think I might have got some rice.

803. Boiled rice?—Yes.

804. And sugar?—Yes, sir.

805. That was poor diet without meat?—I did not get any meat any way.

806. What did you get for breakfast?—Bread and tea.

807. *Mr. Boyd.*] Then the meat was not had?—It was not had with me.

808. *Chairman.*] Did you get any drink?—No.

809. Did you see anybody else get any?—No.

810. Did you ever hear of any one getting any?—Of course I heard rumours, but I never knew of it myself.

811. *Mr. Boyd.*] Was the tea good?—It was very weak tea, sir.

812. *Dr. Barker.*] Was it green tea?—It is so long since I drank any I would hardly know it now.

813. *Chairman.*] It was not so good as you got at the depot?—No, sir; it was not so strong, but it might have been so good.

814. Was the bread good?—It was not about as good. It was scarcely as good bread.

815. What about the milk; was it good?—Yes, it was pretty good. It was sweet.

816. *Sir James Mackay.*] You always took your patient up to the ward, and left him there?—Yes, sir; I took all the patients to the wards.

817. *Mr. Boyd.*] You were a patient here yourself, and you were well cared?—I was very well cared by the doctor and the nurses.

818. And you had a good appetite, and did not get enough; that was the only fault you had to find?—Yes.

819. *Dr. A'Chuteck.*] How long were you in?—Seven days. I was here before with scarletina.

820. How long were you here then?—I don't know; it is a long time ago. I was in 15 ward.

821. Were you well taken care of at that time, too?—I was; very well.

Sub-Constable JAMES BURKE, sworn, and Examined by the Chairman.

Sub-
Constable
Burke.

822. You have been a patient in the hospital?—Yes, sir; from the 7th August to the 20th, in No. 10 ward.

823. Were you there when Anderson was there?—Yes.

824. Were you in the same ward?—No, sir.

825. Then you did not see him in the ward?—Yes, I went different times to see him.

826. Was any complaint made as to treatment by the nurses or otherwise?—Not that I heard.

827. You saw the treatment he was getting?—Yes.

828. What did you see?—I saw one day he was in a fit. A falling sickness he had; and he told me to let him kick away there, and I went and held him; and the nurse told me to go out of the ward, and I said I would not; that I knew of a case of a young man who was in the habit of having fits for three years.

829. Where was he when he was kicking?—There was one bed on the floor and the other on the stand. He was on the bed on the floor.

830. Was the bed put on the floor lest he should fall out?—Yes; lest he would fall out.

831. What did you see done to him?—I seen nothing more done to him. I fixed the clothes over him; and he ordered me to go out before that, and I refused.

832. Weren't they doing what they thought was the best thing?—No; they should have held him while in the fit.

833. That is according to your opinion?—Yes.

834. Did you see any other patients treated?—No.

835. Did you ever hear any other complaints?—No.

836. What was the matter with you?—A pain in the stomach and throwing of blood.

837. Were you on full diet?—No, I was on low diet. I asked to be put on full diet, and I could not take it; and I asked to be put back on the low diet. It was not the fault of the meat. I don't say that.

838. The food was very good, as far as you could say?—Yes; but the soup was not good.

839. *Dr. Barker.*] You heard no complaints as to the treatment of the poor man Anderson?—No, I did not.

840. You yourself only complained?—Yes.

841. That he was not treated according to your views?—Yes.

842. During his fit?—Yes.

843. *Chairman.*] Did you see the patients get food from nurses beside hospital food?—Yes, I got it myself.

844. What did you get?—I got tea morning and night.

845. Was there any drink?—No, I seen no drink. I did not get any.

846. You did not see anybody else get any?—No; there was only a few of us in the ward.

847. And there was no drink there?—No.

848. *Mr. Boyd.*] You paid the usual prices for the bread and butter?—Yes; I paid three halfpence a cup for the tea.

849. *Sir James Mackay.*] Were you able to consume the diet you got besides the extra food?—Yes, I was, faith.

850. *Dr. A'Chuteck.*] How long were you a patient in the hospital?—From the 7th to the 28th of August.

851. *Sir James Mackay.*] I understood you to say you could not eat meat; were you obliged to get tea and bread and butter in addition, in consequence of receiving food that did not suit your stomach?

stomach?—I was bound to get them, for I was not getting enough of food.

852. In the absence of meat?—Yes.

853. And you could not eat meat?—I could not.

854. Mr. Boyd.] It was not on account of the

meat being bad, but your stomach was not suited for it?—I could not say that.

855. What kind of meat was it?—Boiled meat.

856. With the soup with it?—Yes.

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Dr. JAMES W. MARTIN, sworn; and Examined by Dr. Burke.

857. You are Secretary to the Board of Superintendence?—Yes.

858. You are familiar with the reports of the Board of Superintendence?—Yes.

859. Do you recollect coming across any unfavourable report as regards Steven's Hospital?—No; but I have recently made a report here which has not been sanctioned properly by the Board as yet, and I have not authority for making it public.

860. Do you know what the report of the last year was?—Yes, I do.

Dr. Burke (reads): "This institution (that is Steven's Hospital) continues in a most efficient condition; the wards are clean and well ventilated, and the patients receive every care and attention. During the last year a new kitchen range has been put up, which, while it facilitates cooking, will prove economical as to fuel." These reports have been gone over carefully. There is not one of them that condemns in the slightest degree the management of this hospital. One report referred to the upper wards; they were very low, and they recommended that more lofty wards should be adopted; that evil has been overcome, and we have now as good and lofty wards at the top of the house as we have anywhere else. So it is satisfactory to find that such an intelligent body as the Board of Superintendence have always come forward and praised the conduct of this institution.

Mr. Boyd.] We have visited this institution for several years back, and we have always found it in a most efficient state, and the only fault was what Dr. Burke alludes to, and that was a suggestion from some of yourselves, and we approved of it highly at the time, and that was the raising of the roofs in the upper wards.

Dr. Burke.] That was referred to, and pointedly referred to, by the Board of Superintendence; we did not consider these

wards sufficiently lofty or sufficiently airy for the number of patients in them.

Dr. Norris

[Chairman.] The two points to which our attention has been specially directed by the Lord Lieutenant, the Board appear to be of our own opinion about them. The selling of food was not known to the Board, neither were they made aware of it, therefore we could not say a word about it; and as to the defective nursing, it is suggested that that would have occurred to the Board themselves, because we have a report of the medical committee to the effect (prepared the other day) that the nursing is not as satisfactory as might be; therefore, the board of the hospital appear to have arrived at the same conclusions as we have.

Dr. Burke.] The nursing has occupied our attention for many years; that is not singular in this hospital for it applies to all the hospitals in Dublin, and the difficulty in Dublin hospital management is the difficulty of their having good nurses. The Board would be always glad, and too delighted, to carry out any suggestions of the Board of Superintendence.

Chairman.] It is by no means an expensive hospital; it is one of the least expensive of the whole, and possibly that is by the payment of the constabulary.

Dr. Grimsdon.] The income of the hospital is put into a general fund; the hospital can be worked cheaper than some of the other hospitals because it is larger. With regard to the placing of the patients and the alterations in the wards, you are not aware that these constabulary wards have been reconstructed and made so much better.

Dr. Burke.] The Governors put no restraint on what the medical men order; they have as much liberty as in dealing with the richest private patient abroad.

The Board then proceeded to inspect the constabulary wards, and the inquiry closed.

LETTER from Mr. *T. H. Burke* to the Secretary to the Board of Superintendence of the Dublin Hospitals.

(17,697.)

Sir,

Dublin Castle, 24 October 1878.

I AM directed by the Lord Lieutenant to transmit to you herewith, to be laid before the Board of Superintendence of Dublin Hospitals, the accompanying copy of correspondence between the Inspector General of Constabulary and the Governors of Dr. Steeven's Hospital relative to the treatment of constabulary patients in the said hospital.

In connection with this correspondence His Grace would invite the special attention of the Board of Superintendence to the evidence given at an inquest lately held at that hospital on the body of Constable John Anderson, Royal Irish Constabulary; and he desires me to state that, having regard to the facts elicited at the said inquest and to the aforesaid correspondence between the Governors and Colonel Hillier, it would, in his opinion, seem desirable that the Board of Superintendence should exercise the powers vested in them under Section 12 of the "Dublin Hospitals Regulation Act," and inquire, and if necessary report, as to the situation of the patients in the said hospital, and the government and management thereof.

The Secretary,
Board of Superintendence of the
Dublin Hospitals.

I am, &c.
(signed) *T. H. Burke.*

DUBLIN HOSPITALS.

COPY of Report made by the Board of SUPERINTENDENCE of DUBLIN HOSPITALS, with Minutes of Business taken before them in the Month of October, November, and December 1878, at STEEVEN'S HOSPITAL, DUBLIN, with reference to Minutes sitting out of the Verdict returned, and Evidence given before the Coroner's Jury, at the Inquest on the late Constable Anderson, &c., in September 1878, of Neglect on the part of the Hospital Officials.

(*Mr. Callan.*)

Ordered, by The House of Commons, to be Printed.

8 March 1879.

103.

Under 4 oz.